

FAFSA

Submission Summary

July 1, 2026 – June 30, 2027

Federal Student Aid

An OFFICE of the U.S. DEPARTMENT of EDUCATION

Use this form to review and correct information on your 2026–27 *Free Application for Federal Student Aid* (FAFSA®) form. Or correct your FAFSA information online at fafsa.gov.

Data Release Number (DRN):

Student Aid Index (SAI):

Dear

Your FAFSA Submission Summary shows the information you submitted on your 2026–27 *Free Application for Federal Student Aid* (FAFSA) form, which was received on _____ and processed on _____. You can use this summary to check your application status and student aid eligibility (page 1); determine if you need to resolve any problems with your application (page 2); examine your federal student loan history (page 3); and review or correct the information you provided in your FAFSA form (pages 5–18). See correction instructions on page 2 and mailing instructions on page 18. For help with this summary, call 1-800-4-FED-AID (1-800-433-3243). If you need assistance in another language, visit StudentAid.gov/apply-for-aid/fafsa/filling-out/other-languages.

Application Status

Review the checked boxes.

Federal Student Aid Eligibility

Colleges use your Student Aid Index (SAI) to determine how much financial aid you could receive if you attended their school. Financial aid may include grants (free funds that do not have to be repaid), work-study (paid part-time employment), and/or low-interest loans (borrowed funds that must be repaid). Your SAI may change due to verification or if you update or correct your FAFSA information.

Your financial aid package could also include other federal, state, or institutional aid. Your school's financial aid office will tell you the specific types and amounts of aid you can receive. For more information about the SAI and the types and sources of aid, go to StudentAid.gov.

The Internal Revenue Service (IRS) offers tax benefits to help you maximize your college savings or recover some of the money you spend on tuition or loan interest. For more information, visit StudentAid.gov/resources/tax-benefits.

Review the checked boxes.

Comments

Use the checklist below to make sure all your issues are resolved.

Comments

How to Correct Your Information

- The answer you provided is printed in bold. If you find a mistake, enter the correct answer in the field. If the answer to a question is already correct, do **not** complete the field.
- To delete an answer, draw a line though your answer and through the empty field:

Use dark ink and write clearly. A computer will process this form; therefore:

- Print in BLOCK CAPITAL letters and only skip a box between words; for multi-line responses, wrap any incomplete words onto next line:
- Report dollar amounts such as \$12,356.41 without cents; if negative, completely fill the circle (⊖) before the answer box:
- Fill in both circle and square answer fields completely:
- For circle answer fields, choose only one response; for square answer fields, choose all that apply:

The edit icon (✎) means you must either correct your answer or, if the original answer is correct, rewrite it exactly in the field.

Write only in defined fields. Information written in blank spaces will not be processed.

Adjusted gross income **\$ 53,821**

⊖ \$

				5	0	4	5	9
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Mobile phone number ~~**878-456-7890**~~

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1	4	1	6		P	L	U	M		S
T		A	P	T		4				

Continue on next line.

⊖ \$

				1	2	3	5	6
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Correct

●	■
---	---

 Incorrect

⊗	⦿	⊗	⦿
---	---	---	---

○	●	○	■	□	■
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Corrections

Special or Unusual Circumstances

If you or your family have experienced special or unusual circumstances that impact your ability to pay for school, you may be eligible for an adjustment on your FAFSA form. Examples of special circumstances may include: substantial loss of income, changes in assets, tuition expenses at an elementary or secondary school, or high unreimbursed medical expenses. Examples of unusual circumstances may include: human trafficking, refugee or asylee status, or parental abuse or abandonment. On a case-by-case basis, your school's financial aid administrator may determine that your situation justifies an adjustment to your FAFSA form. Contact your school's financial aid office to request a review of your circumstances.

Federal Student Loan Summary

The table below shows the total amounts of federal (*Title IV*) student loans that you owe, as reported by your loan servicers. Confirm that these amounts are correct by signing in to [StudentAid.gov](https://studentaid.gov) and viewing the details for each loan. If you feel the amounts below are incorrect, or you have questions about a loan, contact the loan servicer indicated on [StudentAid.gov](https://studentaid.gov). You can find general information about each loan type below at [StudentAid.gov/loans](https://studentaid.gov/loans).

The "Subsidized" and "Unsubsidized" amounts include those portions of any consolidation loans you have. If there is an amount listed for Federal Family Education Loan (FFEL) Program "Unallocated Consolidation Loans," we could not determine whether those balances were subsidized or unsubsidized.

Remember, you are responsible for repaying all of the amounts that you borrow, plus interest. As a general rule, with an assumed interest rate of 5%, the monthly payment amount over a 10-year repayment period would be approximately \$10.61 for every \$1,000 that you borrowed. Of course, your actual repayment amount will depend upon how much you borrow, the interest rate when you enter repayment, and the length of your repayment term.

Total Amount of Loans Outstanding	Total Principal Balance	Amount Pending Disbursement	Total
FFEL (Bank Loans) and/or Direct Loans			
Subsidized Loans			
Unsubsidized Loans			
Combined Loans			
Unallocated Consolidated Loans			
TEACH Grants Converted to Direct Loans			
Unsubsidized Loans			

Office of Management and Budget (OMB) Notice

According to the *Paperwork Reduction Act of 1995*, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0001. Public reporting burden for this collection of information is estimated to average between five and ten minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. If you have comments or concerns regarding the status of your individual submission of this form, write directly to the Federal Student Aid Information Center, P.O. Box 84, Washington, D.C. 20044. (Note: Do not return the completed form to this address.)

By answering question 23, and signing the FAFSA form, you give permission to the U.S. Department of Education to provide information from your application to the college(s) listed in that question. You also agree that such information is deemed to incorporate by reference the certification statement in the financial aid application. To learn more about the *Privacy Act* and how your information may be used, refer to page 4 of the paper FAFSA or the *Privacy Act* link on [StudentAid.gov](https://studentaid.gov).

To protect the confidentiality of your application data, you should never give, share, or disclose your FSA ID with anyone, including commercial service providers that provide assistance with the financial aid process. You should keep your FSA ID in a safe location.

Federal Tax Information (FTI) Consent and Approval

The student and all contributors must provide consent and approval for their tax information to be transferred to the FAFSA form in order for the student's eligibility for federal student aid to be calculated.

I consent to the disclosure of information about me, as described below, and further affirmatively approve of the receipt and use of my federal tax information (FTI) and to the U.S. Department of Education's (Department's) redisclosure of my FTI, as described below. By accepting within this summary, I consent to and affirmatively approve of, as applicable, the following:

1. The Department may disclose my Social Security number (SSN)/Taxpayer Identification Number (TIN), last name, date of birth, unique identifier, the tax year for which FTI is required, and the date and timestamp of my approval for the use of my FTI in determining eligibility by the Department for which approval is provided to the U.S. Department of the Treasury, Internal Revenue Service (IRS). I understand that in response to such a request from the Department, the IRS shall then disclose my FTI to "authorized persons" (i.e., specifically designated officers and employees of the Department and its contractors (as defined in 26 U.S.C. § 6103(l)(13)(E)) for the purpose of determining eligibility for, and the amount of, federal student aid under a program authorized under subpart 1 of part A, part C, or part D of *Title IV of the Higher Education Act of 1965*, as amended, for myself or an applicant for federal student aid who has requested that I share my FTI on their *Free Application for Federal Student Aid* (FAFSA®) form.
2. Authorized persons at the U.S. Department of Education and its contractors (as defined in 26 U.S.C. § 6103(l)(13)(E)) may use my FTI for the purpose of determining the eligibility for, and amount of, federal student aid under a program authorized under subpart 1 of part A, part C, or part D of *Title IV of the Higher Education Act of 1965*, as amended, for myself or a FAFSA applicant who has requested that I share my FTI on the FAFSA form.
3. The Department may redisclose my FTI received from the IRS pursuant to 26 U.S.C. § 6103(l)(13)(D)(iii) to the following entities solely for the use in the application, award, and administration of financial aid:
 - Institutions of higher education (IHEs) participating in the federal student aid programs authorized under subpart 1 of part A, part C, or part D of *Title IV of the Higher Education Act of 1965*, as amended;
 - State higher education agencies;
 - Scholarship organizations designated prior to December 19, 2019, by the Secretary of Education; and
 - Contractors of IHEs and state higher education agencies to administer aspects of the institution's or State agency's activities for the application, award, and administration of such financial aid.
4. The Department may redisclose my FTI to another applicant's FAFSA form(s) for which I elect to participate. By accepting an invitation and affirmation to participate in another individual's FAFSA form, my FTI will be redisclosed to the additional application. I understand that I may decline an invitation to participate, which will prevent the transfer of my FTI to that FAFSA form.

By consenting and providing my affirmative approval, I further understand that:

1. My consent and affirmative approval are required, as a condition of my eligibility or the eligibility of a FAFSA applicant who has requested that I share my FTI on their FAFSA form, for Federal student aid under a program authorized under subpart 1 of part A, part C, or part D of *Title IV of the Higher Education Act of 1965*, as amended, even if I did not file a U.S. federal tax return.
2. I am providing my written consent for the redisclosure of my FTI by the Department to, including but not limited to, IHEs, state higher education agencies, designated scholarship organizations, their respective contractors and auditors, other family members participating in the FAFSA form, and the Office of Inspector General, under 26 U.S.C. § 6103(l)(13)(D), and, with my further express written consent obtained by an IHE, the redisclosure of FAFSA information pursuant to the terms and conditions of 20 U.S.C. § 1098h(c).
3. Any FTI received from the IRS at a later date shall supersede any manually entered financial or income information on the FAFSA form.
4. The Department may request updated FTI from the IRS once my consent is provided. If FTI has changed (e.g., an amended tax return filed with revised information), then eligibility for, and amounts of, federal, state, and institutional financial aid may change.
5. If I do not consent to the redisclosure of my FTI to IHEs, state higher education agencies, designated scholarship organizations, and their respective contractors, the Department will be unable to calculate my eligibility for federal student aid or the eligibility of a FAFSA applicant who has requested that I share my FTI on their FAFSA form.

Signatures

I consent and certify under penalty of perjury under the laws of the United States of America, that the information I provide on the FAFSA form is true and correct. I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine, imprisonment of not more than five years, or both, and that the knowing and willful request for or acquisition of records pertaining to an individual under false pretenses is a criminal offense under the *Privacy Act of 1974*, subject to a fine of not more than \$5,000 (5 U.S.C. § 552(a)(i)(3)). By accepting and submitting my part of the FAFSA, my execution date of consent and approval will be logged in the U.S. Department of Education's Person Authentication Service (PAS) System of Record (18-11-12).

If you sign this form, you certify that you are the person identified. If you purposefully give false or misleading information, including applying as an independent student without meeting the unusual circumstances required to qualify for such a status, you may be subject to criminal penalties under 20 U.S.C. 1097, which may include a fine up to \$20,000, imprisonment, or both.

Student

By signing this application, YOU, THE STUDENT, certify that you:

- will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education,
- are not in default on a federal student loan or have made satisfactory arrangements to repay it,
- do not owe money back on a federal student grant or have made satisfactory arrangements to repay it,
- will notify your school if you default on a federal student loan, and
- will not receive a Federal Pell Grant from more than one school for the same period of time.

Additionally, by signing this application, you authorize the Department to disclose all information you provided on this application, as required under Section 483(a)(2)(D)(i) of the *Higher Education Act of 1965*, as amended, to the institutions identified herein, state higher education agencies (in the student's state of residence and the states in which the institutions identified herein are located), and designated scholarship organizations to assist with the application, award, and administration of aid from federal, state, or institutional financial aid programs and designated scholarship programs. Notwithstanding this authorization, the name of an institution the student selected to authorize such disclosure shall not be shared with any other institution.

Student, Student Spouse, Parent, Parent Spouse or Partner

By signing this application, you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked to provide:

- information that will verify the accuracy of your completed form, and
- U.S. or foreign income tax forms that you filed or are required to file.

You also certify that you understand that the Secretary of Education has the authority to verify information reported on your application with the Internal Revenue Service and other federal agencies.

An OFFICE of the U.S. DEPARTMENT of EDUCATION

Submission Summary

Make changes on this paper FAFSA Submission Summary and mail it for processing, or make your changes electronically at fafsa.gov.

Questions 1–24 apply to the **student**.

The student's full legal name, for example, as it appears on their Social Security card.

[illegible][illegible][illegible][illegible]

The diagram consists of three pairs of boxes, each pair connected by a slash (/). The first pair has two boxes, the second pair has two boxes, and the third pair has four boxes. This likely represents a sequence of operations or states in a computational process.

MM / DD / YYYY

$$\boxed{}\boxed{}\boxed{} - \boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

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If the student does not have an ITIN, leave this field blank.

Mobile phone number

[illegible]

Continue on
next line.

[illegible][illegible]

Continue on
next line.

► If you are currently incarcerated, enter your inmate identifying number at the end of your permanent mailing address.

[illegible][illegible]

Include apt. number.

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☐ Widowed

4 Student College or Career School Plans

When the student begins the 2026-27 school year, what will their college grade level be?

- ☐ First-year undergraduate (freshman)
 ☐ Second-year undergraduate (sophomore)
 ☐ Other undergraduate (junior year and beyond)
 ☐ Master's, doctorate, or graduate certificate program (MA, MBA, MD, JD, PhD, EdD, etc.)

When the student begins the 2026-27 school year, will they already have their first bachelor's degree? ☐ Yes ☐ No

Will the student be pursuing an initial teaching certification at the elementary or secondary level? ☐ Yes ☐ No

5 Student Personal Circumstances

Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> The student is currently serving on active duty in the U.S. armed forces for purposes other than training. | <input type="checkbox"/> At any time since the student turned 13, they were a ward of the court. |
| <input type="checkbox"/> The student is a veteran of the U.S. armed forces. | <input type="checkbox"/> At any time since the student turned 13, they were in foster care. |
| <input type="checkbox"/> The student has children or other people (excluding their spouse) who live with the student and receive more than half of their support from the student now and between July 1, 2026, and June 30, 2027. | <input type="checkbox"/> The student is or was a legally emancipated minor, as determined by a court in their state of residence. |
| <input type="checkbox"/> At any time since the student turned 13, they were an orphan (no living biological or adoptive parent). | <input type="checkbox"/> The student is or was in a legal guardianship with someone other than their parent or stepparent, as determined by a court in their state of residence. |
| | <input type="checkbox"/> None of these apply. |

6 Student Homelessness

At any time on or after July 1, 2025, was the student unaccompanied and either (1) homeless or (2) self-supporting and at risk of being homeless? ☐ Yes ☐ No

If the answer is "Yes," did any of the following determine the student was homeless or at risk of becoming homeless?

Select all that apply.

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Director or designee of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving those experiencing homelessness | <input type="checkbox"/> The student's high school or school district homeless liaison or designee | <input type="checkbox"/> Director or designee of a project supported by a federal TRIO or GEAR UP program grant | <input type="checkbox"/> Financial aid administrator (FAA) | <input type="checkbox"/> None of these apply. |
|---|--|---|--|---|

7 Student Unusual Circumstances

Do unusual circumstances prevent the student from contacting their parents or would contacting their parents pose a risk to the student? *This information will help us evaluate the student's ability to pay for school.* ☐ Yes ☐ No

A student may be experiencing unusual circumstances if they:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Left home due to an abusive or threatening environment; • Are abandoned by or estranged from their parents; • Have refugee or asylee status and are separated from their parents, or their parents are displaced in a foreign country; | <ul style="list-style-type: none"> • Are a victim of human trafficking; • Are incarcerated, or their parents are incarcerated, and contact with the parents would pose a risk to the student; or • Are otherwise unable to contact or locate their parents. |
|--|--|

If the student does not have a safe, stable place to live because of such circumstances, they may be considered a homeless youth and should review the answer to question 6 about being unaccompanied and homeless.

8 Direct Unsubsidized Loan Only

Are the student's parents refusing to provide their information on this FAFSA form? ☐ Yes ☐ No

This response must be "No" for the student to be eligible for a Federal Pell Grant and most other types of federal aid.

If the answer is "Yes," a financial aid administrator at the student's school will determine their eligibility for a Direct Unsubsidized Loan only. If the student is approved for this option, they will not qualify to receive other types of federal student loans (including Direct Subsidized Loans), federal grants, or Federal Work-Study programs.

9 Family Size

How many people are in the student's family?

Include the student (and spouse), the student's dependent children (even if they live apart due to college enrollment), and other people living with the student now. Include these dependent children and other people only if the student will provide more than half of their support between July 1, 2026, and June 30, 2027.

State

Date the student became a resident

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 If the student was born in their state of residence and hasn't moved out of state since, enter the student's date of birth. Otherwise, enter the date the student moved to their state of residence.

MM / YYYY

Did either of the student's parents attend or complete college?

- ## 16 Parent Killed in Line of Duty

Was the student's parent or guardian killed in the line of duty while (1) serving on active duty as a ☐ Yes ☐ No member of the U.S. armed forces on or after September 11, 2001, or (2) performing official duties as a public safety officer? *The student may be eligible for additional Federal Pell Grant funds once their eligibility is confirmed by their college or career school.*

High school completion status when the student begins the 2026–27 school year

- ☐ High school diploma ☐ State-recognized high school equivalent
(e.g., GED certificate) ☐ Homeschooled ☐ None of the previous

If the answer is “High school diploma,” provide the name, city, and state of the high school.

High school name

[illegible]

Continue on
next line

[illegible]

City

[illegible]

State

--	--

If the answer is "State-recognized high school equivalent," which of the following did or will the student receive, and what is the issuing state?

☐ GED ☐ TASC Issuing state:

☐ HiSET ☐ Other

At any time during 2024 or 2025, did the student or anyone in their family receive benefits from any of the following federal programs? *Select all that apply.*

- | | | |
|---|---|--|
| <input type="checkbox"/> Earned income credit (EIC) | <input type="checkbox"/> Refundable credit for coverage under a qualified health plan (QHP) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Federal housing assistance | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) |
| <input type="checkbox"/> Free or reduced-price school lunch | <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> None of these apply. |
| <input type="checkbox"/> Medicaid | | |

Did or will the student file a 2024 IRS Form 1040 or 1040-NR? ☐ Yes ☐ No

Did the student either (1) earn income in a foreign country in 2024, (2) work for an international organization in 2024 without being required to report income on any tax return, or (3) file a 2024 tax return with Puerto Rico or another U.S. territory? ☐ Yes ☐ No

International organizations include, for example, the United Nations, World Bank, and International Monetary Fund.

► If the answer is "No" to both of the questions above, and the student is not married, questions 20–22 can be skipped; however, if the student is also required to provide parent information on the form, question 22 must be answered.

Did or will the student file a 2024 joint tax return with their current spouse? ☐ Yes ☐ No

Filing status

- ☐ Single ☐ Head of household ☐ Married filing jointly ☐ Married filing separately ☐ Qualifying surviving spouse

20 Student 2024 Tax Return Information [continued]

► Convert all currency to U.S. dollars. If the answer is zero or the question does not apply, enter 0.
If the answer is negative, completely fill the circle (⊖) before the answer box.

IRA rollover into another IRA or qualified plan

\$

Pension rollover into an IRA or other qualified plan

\$

Did the student receive the earned income credit (EIC)?

IRS Form 1040: line 27

☐ Yes☐ No☐ Don't know

Amount of college grants, scholarships, or AmeriCorps benefits reported as income to the IRS

\$

This question is typically answered with a zero because most of these items (including Federal Pell Grants) are not considered taxable income.
If the student is married, include the amount their spouse reported.

Foreign earned income exclusion

⊖ \$

IRS Form 1040 Schedule 1: line 8d

Income earned from work

\$

IRS Form 1040 (or 1040-NR): line 1z + Schedule 1: lines 3 + 6.

If a tax form line's value is negative, treat it as zero in your calculation.

Tax exempt interest income

\$

IRS Form 1040: line 2a

Untaxed portions of IRA distributions

\$

IRS Form 1040: line 4a minus 4b

Untaxed portions of pensions

\$

IRS Form 1040: line 5a minus 5b

Adjusted gross income

⊖ \$

IRS Form 1040 (or 1040-NR): line 11

Income tax paid

\$

IRS Form 1040: line 24. If negative, enter a zero.

IRA deductions and payments to self-employed SEP, SIMPLE, and qualified plans

\$

IRS Form 1040 Schedule 1: total of lines 16 + 20

Education credits

(American Opportunity and Lifetime Learning credits)

\$

IRS Form 1040 Schedule 3: line 3 + IRS Form 1040: line 29

Did the student file a Schedule A, B, D, E, F, or H with their 2024 IRS Form 1040?

☐ Yes☐ No☐ Don't know

Net profit or loss from IRS Form 1040 Schedule C

⊖ \$

IRS Form 1040 Schedule C: line 31

21 Annual Child Support Received

Enter total amount the student received in child support for the last complete calendar year. If the answer to question 3 was "Married" or "Remarried," enter the combined amount the student and their spouse received. If the answer is zero or the question does not apply, enter 0.

\$

22 Student Assets

If the answer to question 3 was "Married" or "Remarried," enter the combined amounts held by the student and their spouse. If the answer is zero or the question does not apply, enter 0. Net worth is the value of the investments, businesses, or farms minus any debts owed against them.

Current total of cash, savings, and checking accounts

\$

Don't include student aid, retirement accounts, or investments.

Current net worth of investments, including real estate

\$

Don't include the home the student lives in.

Current net worth of businesses and farms

\$

Don't include a family business with 100 or fewer full-time employees, farms where the family resides, or a commercial fishing business and related expenses.

23 Colleges

Listed below are the colleges that received the student's FAFSA information. (Other important consumer information can be found at CollegeScorecard.ed.gov.) To stop a college listed below from receiving the student's FAFSA information, select the "Remove" box on the right. To have more colleges receive the FAFSA information, add the new colleges below the list. If all 20 positions are already occupied in the list, you **must** remove the same number of colleges as the number added; otherwise, the new colleges will not be added to the student's record and will not receive the student's FAFSA information.

► Family yearly income range key for "Average annual cost": A: \$0–\$30,000; B: \$30,001–\$48,000; C: \$48,001–\$75,000; D: \$75,001–\$110,000; E: \$110,000+

Remove

College 1	<input type="checkbox"/>
College 2	<input type="checkbox"/>
College 3	<input type="checkbox"/>
College 4	<input type="checkbox"/>
College 5	<input type="checkbox"/>
College 6	<input type="checkbox"/>
College 7	<input type="checkbox"/>
College 8	<input type="checkbox"/>
College 9	<input type="checkbox"/>
College 10	<input type="checkbox"/>
College 11	<input type="checkbox"/>
College 12	<input type="checkbox"/>
College 13	<input type="checkbox"/>
College 14	<input type="checkbox"/>
College 15	<input type="checkbox"/>
College 16	<input type="checkbox"/>
College 17	<input type="checkbox"/>
College 18	<input type="checkbox"/>
College 19	<input type="checkbox"/>
College 20	<input type="checkbox"/>

On this FAFSA Submission Summary up to three colleges can be added. At fafsa.gov up to 20 colleges can be added.

New College 1	College name	<input type="text"/>	State	<input type="text"/>
Federal School Code	OR	Address and city		
<input type="text"/>		<input type="text"/>		
New College 2	College name	<input type="text"/>	State	<input type="text"/>
Federal School Code	OR	Address and city		
<input type="text"/>		<input type="text"/>		
New College 3	College name	<input type="text"/>	State	<input type="text"/>
Federal School Code	OR	Address and city		
<input type="text"/>		<input type="text"/>		

24 Student Consent, Approval, and Signature

[See page 4.]

Refer to the terms on page 4. By filling in the answer circle below and signing this summary, you (the student) agree to the terms set forth on page 4. **If you do not provide consent and approval by filling in the circle below and providing your signature, you will not be eligible for federal student aid.**

☐ Consent and approval to transfer federal tax information from the Internal Revenue Service (IRS)

Student signature

Date signed

MM / DD / YYYY

Handwritten original signature using full name is required.

Student Spouse +

Questions 25–29 apply to the **student's spouse**. Leave blank any questions that don't apply to the student's spouse.

25 Student Spouse Identity Information

The student spouse's full legal name, for example, as it appears on their Social Security card.

First name

Middle name

Last name

Suffix (e.g., Jr. or III)

Date of birth

 / /

MM / DD / YYYY

Social Security number (SSN)

 - -

If the student spouse does not have an SSN, enter all zeros.

Individual Taxpayer Identification Number (ITIN)

 - -

If the student spouse does not have an ITIN, leave this field blank.

26 Student Spouse Contact Information

Mobile phone number

 - -

Email address

Continue on next line.

Permanent mailing address

Continue on next line.

City

Include apt. number.

State

ZIP code

 -

Country

27 Student Spouse Tax Filing Status

Did or will the student's spouse file a 2024 IRS Form 1040 or 1040-NR?

☐ Yes

☐ No

Did the student spouse either (1) earn income in a foreign country in 2024, (2) work for an international organization in 2024 without being required to report income on any tax return, or (3) file a 2024 tax return with Puerto Rico or another U.S. territory?

☐ Yes

☐ No

International organizations include, for example, the United Nations, World Bank, and International Monetary Fund.

► If the answer is "No" to both of the questions above, question 28 can be skipped.

28 Student Spouse 2024 Tax Return Information

Filing status

☐ Single ☐ Head of household ☐ Married filing jointly ☐ Married filing separately ☐ Qualifying surviving spouse

► **Convert all currency to U.S. dollars. If the answer is zero or the question does not apply, enter 0.**
If the answer is negative, completely fill the circle (⊖) before the answer box.

IRA rollover into another IRA or qualified plan

\$

Pension rollover into an IRA or other qualified plan

\$

Foreign earned income exclusion

⊖ \$

IRS Form 1040 Schedule 1: line 8d

This space intentionally left blank.

Income earned from work

\$

IRS Form 1040 (or 1040-NR): line 1z + Schedule 1: lines 3 + 6.

If a tax form line's value is negative, treat it as zero in your calculation.

Tax exempt interest income

\$

IRS Form 1040: line 2a

Untaxed portions of IRA distributions

\$

IRS Form 1040: line 4a minus 4b

Untaxed portions of pensions

\$

IRS Form 1040: line 5a minus 5b

Adjusted gross income

⊖ \$

IRS Form 1040 (or 1040-NR): line 11

Income tax paid

\$

IRS Form 1040: line 24. If negative, enter a zero.

IRA deductions and payments to self-employed
SEP, SIMPLE, and qualified plans\$

IRS Form 1040 Schedule 1: total of lines 16 + 20

Education credits

(American Opportunity and Lifetime Learning credits)

\$

IRS Form 1040 Schedule 3: line 3 + IRS Form 1040: line 29

Did the student spouse file a Schedule A, B, D, E, F, or H
with their 2024 IRS Form 1040?☐ Yes ☐ No ☐ Don't know

Net profit or loss from IRS Form 1040

Schedule C

⊖ \$

IRS Form 1040 Schedule C: line 31

29 Student Spouse Consent, Approval, and Signature

[See page 4.]

Refer to the terms on page 4. By filling in the answer circle below and signing this summary, you (the student spouse) agree to the terms set forth on page 4.
If you do not provide consent and approval by filling in the circle below and providing your signature, the student will not be eligible for federal student aid.

☐ Consent and approval to transfer federal tax information from the Internal Revenue Service (IRS)

Student spouse signature

Handwritten original signature using full name is required.

Date signed

 / /

MM / DD / YYYY

Parent

Questions 30–41 apply to the **student's parent**. Leave blank any questions that don't apply to the parent.

30 Parent Identity Information

The parent's full legal name, for example, as it appears on their Social Security card.

First name

Middle name

Last name

Suffix (e.g., Jr. or III)

Date of birth

 / /

MM / DD / YYYY

Social Security number (SSN)

 - -

If the parent does not have an SSN, enter all zeros.

Individual Tax Identification Number (ITIN)

 - -

If the parent does not have an ITIN, leave this field blank.

31 Parent Contact Information

Mobile phone number

 - -

Email address

Continue on
next line.

Permanent mailing address

Continue on
next line.

Include apt. number.

City

State

ZIP code

 -

Country

32 Parent Current Marital Status

- ☐ Single (never married)
 ☐ Unmarried and both legal parents living together
 ☐ Married (not separated)
 ☐ Remarried
 ☐ Separated
 ☐ Divorced
 ☐ Widowed

33 Parent State of Residence

State

Usually, this is the state where the parent lives.

Date the parent became a resident

 /

MM / YYYY

If the parent was born in their state of residence and hasn't moved out of state since, enter the parent's date of birth. Otherwise, enter the date the parent moved to their state of residence.

How many people are in the parent's family?

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35 Number in College

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36 Federal Benefits Received

☐ Earned income credit (EIC)☐ Federal housing assistance☐ Free or reduced-price school lunch☐ Medicaid

☐ Refundable credit for coverage under a qualified health plan (QHP)

☐ Supplemental Nutrition Assistance Program (SNAP)☐ Supplemental Security Income (SSI)☐ Temporary Assistance for Needy Families (TANF)☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)☐ None of these apply.

37 Parent Tax Filing Status

Did or will the parent file a 2024 IRS Form 1040 or 1040-NR? ☐ Yes ☐ No

If the answer is “No,” indicate which one of the following situations applies to the parent for 2024:

► If one of the options in the second column below is selected and the parent is unmarried, questions 38–40 can be skipped.

☐ The parent filed or will file a tax return with Puerto Rico or another U.S. territory.

☐ The parent filed or will file a foreign tax return.

☐ The parent either earned income in a foreign country but did not and will not file a foreign tax return, or worked for an international organization and was not required to report income on any tax return. *International organizations include, for example, the United Nations, World Bank, and International Monetary Fund.*

☐ The parent, even though they earned income in the U.S., did not and will not file a U.S. tax return because their income was below the tax filing threshold.

☐ The parent did not and will not file a U.S. tax return for reasons other than low income.

☐ The parent did not and will not file any tax return because they did not earn any income or they were not required to file under the Internal Revenue Code.

Did or will the parent file a 2024 joint tax return with their current spouse? ☐ Yes ☐ No

38 Parent 2024 Tax Return Information

Filing status

☐ Single ☐ Head of household ☐ Married filing jointly ☐ Married filing separately ☐ Qualifying surviving spouse

► **Convert all currency to U.S. dollars. If the answer is zero or the question does not apply, enter 0. If the answer is negative, completely fill the circle (⊖) before the answer box.**

IRA rollover into another IRA or qualified plan

\$

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Pension rollover into an IRA or other qualified plan

\$

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 .

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 .

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 .

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Did the parent receive the earned income credit (EIC)?
IRS Form 1040; line 27

☐ Yes ☐ No ☐ Don't know

Amount of college grants, scholarships, or AmeriCorps benefits **reported as income to the IRS**

\$

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This question is typically answered with a zero because most of these items (including Federal Pell Grants) are not considered taxable income. If the parent is married, include the amount their spouse reported.

Foreign earned income exclusion

⊖ \$								
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IRS Form 1040 Schedule 1: line 8d

38 Parent 2024 Tax Return Information [continued]

Income earned from work

\$

IRS Form 1040 (or 1040-NR): line 1z + Schedule 1: lines 3 + 6.

If a tax form line's value is negative, treat it as zero in your calculation.

Tax exempt interest income

\$

IRS Form 1040: line 2a

Untaxed portions of IRA distributions

\$

IRS Form 1040: line 4a minus 4b

Untaxed portions of pensions

\$

IRS Form 1040: line 5a minus 5b

Adjusted gross income

⊖ \$

IRS Form 1040 (or 1040-NR): line 11

Income tax paid

\$

IRS Form 1040: line 24. If negative, enter a zero.

IRA deductions and payments to self-employed
SEP, SIMPLE, and qualified plans\$

IRS Form 1040 Schedule 1: total of lines 16 + 20

Education credits

(American Opportunity and Lifetime Learning credits)

\$

IRS Form 1040 Schedule 3: line 3 + IRS Form 1040: line 29

Did the parent file a Schedule A, B, D, E, F, or H
with their 2024 IRS Form 1040?☐ Yes☐ No☐ Don't know

Net profit or loss from IRS Form 1040

Schedule C

⊖ \$

IRS Form 1040 Schedule C: line 31

39 Annual Child Support Received

Enter total amount the parent received in child support for the last complete calendar year. If the answer to question 32 was "Married," "Remarried," or "Unmarried and both legal parents living together," enter the combined amount the parent and their spouse received. If the answer is zero or the question does not apply, enter 0.

\$

40 Parent Assets

If the answer to question 32 was "Married," "Remarried," or "Unmarried and both legal parents living together," enter the combined amounts held by the parent and their spouse or partner. If the answer is zero or the question does not apply, enter 0. Net worth is the value of the investments, businesses, or farms minus any debts owed against them.

Current total of cash, savings,
and checking accounts\$ Don't include student aid, retirement
accounts, or investments.Current net worth of investments,
including real estate\$

Don't include the home the parent lives in.

Current net worth of businesses
and farms\$ Don't include a family business with 100 or fewer full-time
employees, farms where the family resides, or a commercial
fishing business and related expenses.

41 Parent Consent, Approval, and Signature

[See page 4.]

Refer to the terms on page 4. By filling in the answer circle below and signing this summary, you (the parent) agree to the terms set forth on page 4.

If you do not provide consent and approval by filling in the circle below and providing your signature, the student will not be eligible for federal student aid.

☐ Consent and approval to transfer federal tax information from the Internal Revenue Service (IRS)

Parent signature

Handwritten original signature using full name is required.

Date signed

 / /

MM / DD / YYYY



Parent Spouse or Partner +

► **Do not complete this section if you are not the student's legal parent or stepparent.**

Questions 42–46 apply to the **parent spouse or partner**. Leave blank any questions that don't apply to the parent spouse or partner.

42 Parent Spouse or Partner Identity Information

The parent spouse or partner's full legal name, for example, as it appears on their Social Security card.

First name

Middle name

Last name

Suffix (e.g., Jr. or III)

Date of birth

 / /

MM / DD / YYYY

Social Security number (SSN)

 - -

If the parent spouse or partner does not have an SSN, enter all zeros.

Individual Taxpayer Identification Number (ITIN)

 - -

If the parent spouse or partner does not have an ITIN, leave this field blank.

43 Parent Spouse or Partner Contact Information

Mobile phone number

 - -

Email address

Continue on next line.

Permanent mailing address

Continue on next line.

Include apt. number.

City

State

ZIP code

 -

Country

44 Parent Spouse or Partner Tax Filing Status

Did or will the parent spouse or partner file a 2024 IRS Form 1040 or 1040-NR?

☐ Yes

☐ No

If the answer is "No," indicate which one of the following situations applies to the parent spouse or partner for 2024:

► If one of the options in the second column below is selected, question 45 can be skipped.

☐ The parent spouse or partner filed or will file a tax return with Puerto Rico or another U.S. territory.

☐ The parent spouse or partner filed or will file a foreign tax return.

☐ The parent spouse or partner either earned income in a foreign country but did not and will not file a foreign tax return, or worked for an international organization and was not required to report income on any tax return.
International organizations include, for example, the United Nations, World Bank, and International Monetary Fund.

☐ The parent spouse or partner, even though they earned income in the U.S., did not and will not file a U.S. tax return because their income was below the tax filing threshold.

☐ The parent spouse or partner did not and will not file a U.S. tax return for reasons other than low income.

☐ The parent spouse or partner did not and will not file any tax return because they did not earn any income or they were not required to file under the Internal Revenue Code.

45 Parent Spouse or Partner 2024 Tax Return Information

Filing status

☐ Single ☐ Head of household ☐ Married filing jointly ☐ Married filing separately ☐ Qualifying surviving spouse

► **Convert all currency to U.S. dollars. If the answer is zero or the question does not apply, enter 0.**

If the answer is negative, completely fill the circle (⊖) before the answer box.

IRA rollover into another IRA or qualified plan

\$

Pension rollover into an IRA or other qualified plan

\$

Foreign earned income exclusion

⊖ \$

IRS Form 1040 Schedule 1: line 8d

This space intentionally left blank.

Income earned from work

\$

IRS Form 1040 (or 1040-NR): line 1z + Schedule 1: lines 3 + 6.

If a tax form line's value is negative, treat it as zero in your calculation.

Tax exempt interest income

\$

IRS Form 1040: line 2a

Untaxed portions of IRA distributions

\$

IRS Form 1040: line 4a minus 4b

Untaxed portions of pensions

\$

IRS Form 1040: line 5a minus 5b

Adjusted gross income

⊖ \$

IRS Form 1040 (or 1040-NR): line 11

Income tax paid

\$

IRS Form 1040: line 24. If negative, enter a zero.

IRA deductions and payments to self-employed
SEP, SIMPLE, and qualified plans

\$

IRS Form 1040 Schedule 1: total of lines 16 + 20

Education credits

(American Opportunity and Lifetime Learning credits)

\$

IRS Form 1040 Schedule 3: line 3 + IRS Form 1040: line 29

Did the parent spouse or partner file a Schedule A, B,
D, E, F, or H with their 2024 IRS Form 1040?

☐ Yes ☐ No ☐ Don't know

Net profit or loss from IRS Form 1040
Schedule C

⊖ \$

IRS Form 1040 Schedule C: line 31

46 Parent Spouse or Partner Consent, Approval, and Signature

[See page 4.]

Refer to the terms on page 4. By filling in the answer circle below and signing this summary, you (the parent spouse or partner) agree to the terms set forth on page 4.
If you do not provide consent and approval by filling in the circle below and providing your signature, the student will not be eligible for federal student aid.

☐ Consent and approval to transfer federal tax information from the Internal Revenue Service (IRS)

Parent spouse or partner signature

Handwritten original signature using full name is required.

Date signed

/ /

MM / DD / YYYY

Preparer

If someone other than the applicant completed the FAFSA form on the applicant's behalf, that person's information appears in this section. Paid preparers are prohibited.

47 Preparer Identity Information

First name

Last name

Social Security number (SSN)

Employer Identification Number (EIN)

48 Preparer Contact Information

Affiliation / Organization

Permanent mailing address

City

ZIP code

State

49 Preparer Signature

Preparer signature

Date signed

Mail Your FAFSA Submission Summary

If you made changes on this summary, photocopy pages 5–18 for your records and then mail the original of those pages to:

Federal Student Aid Programs, P.O. Box 70204, London, KY 40742-0204

Extra postage will be required. When mailing, include pages 5 through 18, even if some are blank. After your FAFSA Submission Summary is processed, you will receive an updated summary. If you (the student) provided an email address (page 5), we will notify you within three to five days that your updated summary is available at StudentAid.gov. If you did not provide an email address, your summary will be mailed to you within three weeks. If you would like to check the processing status of your corrections, go to StudentAid.gov or call 1-800-4-FED-AID (1-800-433-3243).

College Use Only

☐ D/O

Federal school code

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FAA signature

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Data Entry Use Only

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