

Student Name \_\_\_\_\_ Student Soc. Sec. No. \_\_\_\_\_

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### ANSWER THE FOLLOWING QUESTIONS

If your parents are divorced or separated, provide the information for the parent that you last lived with and their spouse (if applicable)

- 1) What is your parents' marital status as of today?  
 Married/remarried                       Single  
 Divorced/separated                       Widowed
  
- 2) What is the month and year your parents were married, separated, divorced, or widowed? \_\_\_\_\_ / \_\_\_\_\_
  
- 3) What is your father's (or stepfather's) social security number? \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
  
- 4) What is your father's (or stepfather's) full name? \_\_\_\_\_
  
- 5) What is your father's (or stepfather's) date of birth? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  
- 6) What is your mother's (or stepmother's) social security number? \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
  
- 7) What is your mother's (or stepmother's) full name? \_\_\_\_\_
  
- 8) What is your mother's (or stepmother's) date of birth? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  
- 9) What is your parents' state of legal residence? \_\_\_\_\_
  
- 10) Did your parents become legal residents of the state before January 1, 2005?  
 YES                       NO

11) If "No," give month and year legal residency began for the parent who has lived in the state the longest. \_\_\_\_\_ / \_\_\_\_\_

12) In 2009, did you, your parents, or anyone in your parents' household receive benefits from any of the federal benefit programs listed?

Mark all that apply.

- Supplemental Security Income
- Food Stamps
- Free or Reduced Price School Lunch
- Temporary Assistance for Needy Families (TANF)
- Special Supplemental Nutrition Program for Women, Infants and children

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**CERTIFICATION**

By signing this application you agree, if asked, to provide information that will verify the accuracy of your completed FAFSA. This information may include your U.S. or state income tax forms.

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

If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

Parent \_\_\_\_\_ Date \_\_\_\_\_

**Mail, fax or bring this form to the Office of Financial Aid.**

Office hours are: Monday and Thursday, 8:00 a.m. to 7:30 p.m.  
Tuesday, Wednesday and Friday, 8:00 a.m. to 4:30 p.m.  
Phone number: 734-462-4433 If you have any questions, please contact us.  
Fax number: 734-462-4527 You may fax forms and responses.  
Email: [finaid@schoolcraft.edu](mailto:finaid@schoolcraft.edu)

