



Student Financial Services

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Online File Submission:

<https://www.redlands.edu/sfs/filesubmission>

1200 East Colton Avenue, Redlands, CA 92373-0999

Email: sfs@redlands.edu

Web site: www.redlands.edu/sfs

2020-2021 Parent Demographic Form

This form is used to verify demographic information as a result of a mismatch from the information listed on the Free Application for Federal Student Aid (FAFSA). The mismatch information must be resolved before financial aid can be awarded. Please give the information asked below for only the parent(s)/stepparent(s) listed on the FAFSA.

Student Last Name	First Name	Middle Initial	Redlands ID
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Street Address	City	State	Zip	Phone or Cell Phone Number
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PLEASE PRINT OR TYPE NEATLY THE NAME EXACTLY AS IT APPEARS ON THE SOCIAL SECURITY CARD.

➤ **Father/Mother/Step-Parent's Information**

Name: _____
 First MI Last

Date of Birth: _____ Social Security Number: _____

➤ **Father/Mother/Step-Parent's Information**

Name: _____
 First MI Last

Date of Birth: _____ Social Security Number: _____

➤ **Parent(s) Marital Status:** (circle one) **IF PARENT MARITAL STATUS IS DIVORCED or SEPARATED, PLEASE PROVIDE PROOF OF DIVORCE or SEPARATION AND PROOF OF INCOME FOR THE PARENT LISTED ON THE FAFSA.**

Married or Remarried Never Married Divorced or Separated Widowed Unmarried-Both Parents Living Together

Month and year the marriage, divorce, separation, widow or cohabitation occurred: _____

➤ **Number in Household**

Total number of people in the household that receive more than half of their support from the parent(s) whose information is listed on the FAFSA. Please include parent(s) in the total: _____

From the number listed above, how many will be at least a half time student **attending a post-secondary educational institution** in 2020-2021 (**DO NOT INCLUDE PARENTS**) : _____

I (We) hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my (our) knowledge. I (We) understand that if I (we) receive federal student aid based on incorrect information, I (we) will need to repay it; I (we) may be required to pay fines and fees.

Parent 1 Name _____ Parent 1 Signature (please print form to sign) Date _____

Parent 2 Name _____ Parent 2 Signature (please print form to sign) Date _____

Parent(s) email address for follow-up questions: _____