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## 2021-2022 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

\_\_\_\_\_  
Street Address    City    State    Zip    Phone or Cell Phone Number

**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:** (select 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. IF PARENT MARITAL STATUS IS MARRIED/REMARRIED/ UNMARRIED-BOTH PARENTS LIVING TOGETHER, PLEASE PROVIDE INCOME FOR PARENT AND SPOUSE.**

- Married     Remarried     Divorced
- 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 2021-2022 ( **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 \_\_\_\_\_ Date \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Parent 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

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