Student Information for FAFSA/CADAA Application

Student information for PAPSA	CADAA Application		
Last Name EXACTLY How it Appears on Social Security # (if no SSN leave blank)			
First Name EXACTLY How it Appears on Social Security # (if no SSN leave blank)			
Your FSA ID or CADAA ID			
Personal Email used for FSA ID or CADAA ID			
Social Security #(Please note if for Work Purposes Only)			
If not a US Citizen, Alien Registration # (Resident Card, VISA)	# Date Issued		
IF you began living in CA after January 2018 . give the month and year you became a legal resident	Month Year		
Wages tips, other compensation in 2021 (W-2 Form)			
As of today, what is the total sum of your cash, checking account balance, and/or savings account balance?			
List any other sources of income (investments)			
Did you file a 2021 tax return? If yes, filing status?	☐ Single ☐ Married Filing Jointly ☐ Married Filing Separately ☐ Head of Household ☐ Qualified Widow		
If you filed a 2021 tax return, list Adjusted Gross Income (Line 11)			
Are you a Foster Youth, Ward of the Court, Have a child/dependent that YOU are providing 50% financial support?	If yes, you do not need to provide parent information		
Parent/Legal Guardian Information for FAFSA/CADAA Application			
PARENT 1 / PADRE 1	PARENT 2 / PADRE 2		

	PARENT 1 / PADRE 1	PARENT 2 / PADRE 2
PERSONAL INFO		
Last Name		
First Name		
Date of Birth		
Email		
Phone Number		
Social Security # or ITIN #		
Highest Level of Formal Education		
FSA ID or CADAA #		

CA RESIDENCY	PARENT 1 / PADRE 1	PARENT 2 / PADRE 2		
When did you begin living in CA? If after 2018, give Month/YR	Month Year	Month Year		
FINANCIAL INFO				
Wages tips, other compensation in 2021 (W-2 Form)				
Parent/Legal Guardian Information From 2021 1040 Tax Return				
MARITAL STATUS	As of TODAY, what is the marital status of Married/Remarried Widowed Divorced or Separated Never married Unmarried and both parents livin	Month Year Month Year Month Year		
FILING STATUS DID YOU COMPLETE TAXES FOR 2021? CIRCLE ONE YES NO	☐ Single ☐ Married Filing Jointly ☐ Married Filing Separately ☐ Head of Household ☐ Qualified Widow			

■ Medicaid or Supplemental Security Income

\$ per month _____

\$ per year

\$ per year

\$ per month _____

■ Supplemental Nutrition (SNAP)

☐ Free or Reduced Lunch☐ Temporary Assistance (TANF)☐ Supplemental Nutrition (WIC)

☐ Child Support Received

☐ Other Income

□ Veterans Benefits Received □ Investment Earnings

Wages, Salaries, Tips, etc.(Line 1)

Adjusted Gross Income (Line 11)

Total Income Tax Paid(Line 24)

Do you have any siblings attending

OTHER INCOME

PARENT ASSETS

Parents have other sources of \$

As of today, what is the total sum of your cash, checking account balance, and/or savings account balance?

Do your parents own a second home?

Does your family receive any

government benefits?

Family Household Size Who lives in your house?

college?

If Parents Filed Schedule 1? (Line 8)