



# 2019-20 PARENT INFORMATION PAGE

STUDENT NAME \_\_\_\_\_ CCC ID# OR LAST 4# OF SSN \_\_\_\_\_

*This information is required even if you do not live with your legal parents (biological, adoptive, or as determined by the state).*

- *If your legal parents are married to each other, or are not married to each other and **live together**, answer the questions about both of them.*
- *If your parent never married, has divorced/separated, or is widowed, only include your information about the parent you lived with more during the past 12 months.*
- *If your parent is remarried, include information for your parent and stepparent.*

### CURRENT MARITAL STATUS FOR PARENT(S):

- Never married
- Divorced or separated \_\_\_\_\_  
Month and Year
- Married or remarried \_\_\_\_\_  
Month and Year
- Widowed \_\_\_\_\_  
Month and Year
- Unmarried and both legal parents living together

### PARENT #1

SSN: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### PARENT #2

SSN: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

State of Legal Residence: \_\_\_\_\_

Legal Residents before 1-1-2014? \_\_\_\_\_ If no, Residence Date: \_\_\_\_\_

Cash, Savings, and Checking balance \$ \_\_\_\_\_

Net Worth of Investments (CDs, stocks, bonds, mutual funds, value of owned rental property) \$ \_\_\_\_\_

Net Worth of Business/Investment Farm \$ \_\_\_\_\_

At any time during 2017 or 2018, did the student, the student's parents, or anyone in the student's parents' household receive benefits from any of the federal programs listed? **Check all that apply.**

- Medicaid or Supplemental Security Income (SSI)       Supplemental Nutrition Assistance Program (SNAP)
- Free or Reduced Price School Lunch       Temporary Assistance for Needy Families (TANF)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

*Signing below certifies that all of the information reported is complete and correct.  
An electronic signature is not valid.*

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

Please return this form to the Financial Aid Office at the location you plan to attend. Central does not encourage faxing or emailing information that has any personal identifiable information included.

Central Community College – Columbus  
 Central Community College – Grand Island  
 Central Community College – Hastings  
 Central Community College – Kearney

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 PO Box 4903  
 PO Box 1024  
 PO Box 310

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