



COLLEGE COSTS ESTIMATOR
For Independent Students

The National Center for College Costs • 15 West Franklin Street • Greencastle, IN 46135
Toll Free: (877) 687-7291 • Fax: (765) 653-7023 • Email: info@collegecosts.com • Website: www.collegecosts.com

The *College Costs Estimator* is used to ESTIMATE your Expected Family Contribution (EFC) toward the cost of undergraduate degree programs. It is based on the Federal Methodology (FM) currently in place which is used to award need-based financial aid. The numbers and figures provided through the use of the *College Costs Estimator* are not guaranteed to be identical to those produced by the federal government through the use of the Free Application for Federal Student Aid (FAFSA) or those produced by individual colleges. Use of the *College Costs Estimator* does not guarantee that you will receive financial aid. Actual need-based financial aid eligibility is determined when a student files the FAFSA each year s/he plans to be enrolled in college. As you complete the *College Costs Estimator*, it will be helpful to have in front of you your tax return from last year, as well as the return(s) filed by your spouse (if different and applicable). **Be sure to use the tip sheet included in this packet for help in answering the questions. Contact The National Center for College Costs toll free at (877) 687-7291 or email us at info@collegecosts.com if you have any questions or problems completing the form.** The accuracy of the numbers generated through the *College Costs Estimator* analysis is only as good as the information provided and is not guaranteed.

Student's Name (first, middle initial, last): _____ Preferred Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ County: _____

Social Security Number (Optional): _____ Date of Birth (mm/dd/yyyy): _____ Male Female

Home Phone Number: (____) _____ Email: _____

Current School or Most Recent School Attended: _____ Year of High School Graduation: _____

High School Student Will Attend (if applicable): _____

Current marital status: Single Married Separated Divorced Widowed

Is the student listed above a U.S. Citizen? Yes No If No, is the student a U.S. Permanent Resident? Yes No

Please provide the following information regarding all individuals living in your household (spouse, children, etc.) for which you and/or your spouse provide(s) the majority of the individual's financial support. Also include any other children you/your spouse may have who receive the majority of their financial support from you and/or your spouse.

Name	Relationship to Student (e.g. husband, wife, child, etc.)	Date of Birth (mm/dd/yyyy)	Current Grade in School or College (if applicable)	Name of College Individual is Attending (if applicable)*

***Will anyone in the house be in college at least half-time when the student listed above enrolls?**

Yes No If Yes, who and where? _____

STUDENT FINANCIAL INFORMATION:

- Which IRS tax form did you (and/or your spouse, if married) file last year? 1040EZ 1040A 1040 None
- Did you and your spouse (if married) file jointly? Yes No Not Applicable
- If Form 1040 was filed, could you have filed form 1040EZ or 1040A? Yes No Do Not Know
- Did anyone in the household (listed above) receive benefits during the tax year reported here or the immediately preceding tax year from one of the following means-tested federal programs: Supplemental Security Income (SSI), Food Stamps, Free/Reduced School Lunch, Temporary Assistance for Needy Families (TANF), and/or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)? Yes No

STUDENT FINANCIAL INFORMATION (CONTINUED):

Please list the following regarding your income (and that of your spouse, if applicable) during the last tax year:

	Amount in the Last Tax Year
5. Total income (wages from work) for student*	
6. Total income (wages from work) for spouse*	
7. Adjusted gross income (AGI) for student (and spouse, if married)*	
8. Total U.S. income taxes paid*	

*See the enclosed tip sheet for exact lines on tax return.

Please provide the following information regarding other untaxed income received by you (and your spouse, if married) during the last tax year:

9. Did you (and/or your spouse) RECEIVE any child support in the last tax year for members of the household (as listed on the previous page)? Do not include foster care or adoption payments.	<input type="checkbox"/> No	<input type="checkbox"/> Yes, list monthly amount:
10. Did you (and/or your spouse) make tax-deferred payments to pension/retirement plans in the last tax year (example: 401(k), IRA)?*	<input type="checkbox"/> No	<input type="checkbox"/> Yes, list amount:
11. Did you (and/or your spouse) receive any untaxed IRA or pension distributions in the last tax year (excluding rollovers)?*	<input type="checkbox"/> No	<input type="checkbox"/> Yes, list amount:
12. Did you (and/or your spouse) receive any other untaxed income in the last tax year including worker's compensation; disability (do not include untaxed Social Security disability); housing, food, or living allowances paid to military, clergy and others (cash payments and/or cash values of benefits, not including the value of on-base military allowance for housing); tax exempt interest income; Veteran's noneducation benefits; and/or other form of untaxed income? (Circle all that apply).	<input type="checkbox"/> No	<input type="checkbox"/> Yes, list amount:

Please provide the amount of each of the following (if applicable) for the last tax year:

13. Did you (and/or your spouse) PAY to another household any child support in the last tax year? Do not include child support paid for the children in the household (listed on reverse).	<input type="checkbox"/> No	<input type="checkbox"/> Yes, list monthly amount:
14. Did the household claim a federal education tax credit in the last tax year (Hope Credit, American Opportunity Credit and/or Lifetime Learning Credit)?*	<input type="checkbox"/> No	<input type="checkbox"/> Yes, list amount:
15. Did you (and/or your spouse) receive combat pay or special combat pay that was taxable and included in adjusted gross income?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, list amount:
16. Did you (and/or your spouse) receive an AmeriCorps award or other grant, fellowship or scholarship aid that was included in adjusted gross income?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, list recipient/amount:

Please list the following regarding your assets (and those of your spouse, if applicable):

17. Please list the total value of all cash, checking and savings accounts in your (and/or your spouse's) name.	List total value of all:
18. Please list the net value of all investments in your (and/or your spouse's) name (including stocks, bonds, mutual funds, CD's, Coverdell education savings accounts, 529 plans, any real estate other than the primary residence , etc.). Do not include the value of retirement accounts/pensions.	List net** value of all:
19. Do you (and/or your spouse) have business assets in your name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> • If yes, does your family own at least 50.1% of said business? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, do you have less than 100 employees? <input type="checkbox"/> Yes <input type="checkbox"/> No • If you answered "no" to either of the last two questions, please list the net value of your business \$ _____ 	
Note: For small business value, your family includes (1) persons directly related to you, such as a parent, sister or cousin, or (2) persons who are or were related to you by marriage.	

20. Do you (and/or your spouse) have a **farm asset** in your name(s)? Yes No

- If yes, you do not have to report the value of a family farm that your family lives on and operates. If that is not your situation, please list the net value of your investment farm here. \$ _____

**** Net value is equal to the present value minus any debt. Debt refers to the amount still owed on real estate and/or farm property, as well as debts for which a business was used as collateral.**

ADDITIONAL INFORMATION:

How did you hear about The National Center for College Costs?

Please list the colleges you currently are considering or may want to consider when the time comes.

Please explain any special circumstances in your household that may be important to consider in the college planning process.

Please answer the following (if possible):

Student's GPA: _____ Grading Scale: 4.0 5.0 12.0 Other: _____

SAT Score: _____ ACT Score: _____

Rank in Class: _____ out of _____

Is the student a Twenty-First Century Scholar (Indiana only)? Yes No

Student's anticipated diploma (Indiana only): Core 40 Core 40 w/Academic Honors Core 40 w/ Technical Honors
 General Diploma Home School Diploma International Baccalaureate Diploma

Student's anticipated diploma (non-Indiana residents), please list: _____

Education level of your father:

No H.S. Diploma H. S. Diploma 1-2 Yrs of College 3-4 Yrs of College Bachelor's Degree or More

Education level of your mother:

No H.S. Diploma H. S. Diploma 1-2 Yrs of College 3-4 Yrs of College Bachelor's Degree or More

Optional:

Language(s) other than English that are spoken in the home: _____

Student's racial/ethnic origin (mark all that apply):

- American Indian, Alaska Native Asian White, Caucasian
 Native Hawaiian, Pacific Islander African American, Black
 Hispanic, Latino

If you have any questions regarding the *Estimator*, please feel free to contact The National Center for College Costs toll free at (877) 687-7291 or send us an email at info@collegecosts.com.