	Office of Fi 1000 Mor	niversity nancial Aid ris Avenue NJ 07083		
<u>2</u>	<u>024-2025 Pai</u>	rent Worksh	leet	
Student Name:			Kean ID	#:
The parent information you repor (FAFSA) is incomplete or inconsist below, please enter the information date you initially filed the 2024-202	tent with inform of your <u>legal pa</u>	nation provided	l on another docu	ument. In the spaces
Parents' Marital Status (check one): Date of Marital Status (Month/Year	Married or Divorced o	Remarried r Separated	Never Marrie Unmarried an	ed Widowed nd Living Together
	).	/		
Parent (Father/Mother/Stepparent) Social Security Number:				
Last Name:				
First Name: Date of Birth:				
Parent Spouse or Partner (Father/MoSocial Security Number:Last Name:First Name:Date of Birth:Number of Household Members:Parents' State of Legal Residence:Date Legal Residence Began:Parents' Asset Information (as of daCash, Savings and CheckingNet Worth of Investments:Net Worth of Businesses/Fat	te FAFSA was			
Student Signature:			Date:	
Parent Signature:			Date:	
Parent Spouse/Partner Signature:			Date:	
			Upd 4/4/2	4 FC24PMH