



## 2017-2018 Non-Custodial Parent Statement

*To be completed by the Non-Custodial Parent*

### Student

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

### Non-Custodial Parent

Name: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

Home telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

If divorce is not final:  
Have you filed?  Yes  No  
If yes, date filed: \_\_\_\_\_

Daytime telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Who claimed this student on the most recent Federal  
Income Tax return? \_\_\_\_\_

### Financial Assistance to Custodial Parent and Children

	Actual 2015	Actual 2016 <input type="checkbox"/> Estimated 2016 <input type="checkbox"/>
Child support paid for <u>all</u> children.....	\$ _____	\$ _____
Child support paid for this student.....	\$ _____	\$ _____
Alimony paid.....	\$ _____	\$ _____
Contribution to custodial parent's household expenses (utilities, rent, mortgage, insurance, etc.).....	\$ _____	\$ _____
Amount you expect to contribute to this student's educational expenses for the 2017-2018 academic year: (do not include child support in this figure)	\$ _____	

### Income and Expenses

	Actual 2015	Actual 2016 <input type="checkbox"/> Estimated 2016 <input type="checkbox"/>
Wages, salaries, tips, and other compensation.....	\$ _____	\$ _____
Interest income.....	\$ _____	\$ _____
Dividend income.....	\$ _____	\$ _____
Other taxable income.....	\$ _____	\$ _____
Adjustments to taxable income.....	\$ _____	\$ _____
Untaxed Social Security benefits.....	\$ _____	\$ _____
Other untaxed income.....	\$ _____	\$ _____
U.S. Income Tax paid .....	\$ _____	\$ _____
Medical/dental expenses not covered by insurance .....	\$ _____	\$ _____



**Assets**

Principal Residence  Own; monthly mortgage payment..... \$ \_\_\_\_\_  
 Rent: monthly rental payment..... \$ \_\_\_\_\_

Current value of cash, savings, and checking accounts.....\$ \_\_\_\_\_

Current value of other real estate..... \$ \_\_\_\_\_

Do you own a business, wholly or in part (sole proprietorship, corporation, partnership)?  Yes  No

If yes ...percentage of ownership..... \_\_\_\_\_%

...current value..... \$ \_\_\_\_\_

...current indebtedness..... \$ \_\_\_\_\_

...number of full-time employees..... \_\_\_\_\_

**Household Information (Please only include people that live in your household more than 50% of the time)**

Name	Age	School/College attended in 2017-2018	Grade	Cost to you, 2017-2018

**Comments:**

**Signature/Authorization**

\_\_\_\_\_  
 Non-Custodial Parent Signature

\_\_\_\_\_  
 Date

I authorize the College to discuss this information with the student.....  Yes  No

I authorize the College to discuss this information with the custodial parent.....  Yes  No

*Please return in PDF format to [finaid@stonehill.edu](mailto:finaid@stonehill.edu) (enter Student Name & Stonehill ID in subject line). Mail is also acceptable to: Student Financial Assistance, Stonehill College, 320 Washington Street, Easton, MA 02357*