



2018-2019 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: _____

If divorce is not final:

Have you filed? Yes No

If yes, date filed: _____

Home telephone: (_____) _____

Daytime telephone: (_____) _____

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

Financial Assistance to Custodial Parent and Children

	Actual 2016	Actual 2017 <input type="checkbox"/> Estimated 2017 <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 2018-2019 academic year: (do not include child support in this figure)	\$ _____	

Income and Expenses

	Actual 2016	Actual 2017 <input type="checkbox"/> Estimated 2017 <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	\$ _____	\$ _____

Over ...

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..... _____%

...your share of current value..... \$ _____

...your share of 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 2018-2019	Grade	Cost to you, 2018-2019

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 within 10 days of request in PDF format to finaid@stonehill.edu (enter Stonehill ID and Student Name in subject line) or mail to Student Financial Assistance, Stonehill College, 320 Washington Street, Easton, MA 02357