



STONEHILL COLLEGE

Student Financial Services

For Official Use Only  
NCP\_ST Status: \_\_\_\_

## 2014-2015 Non-Custodial Parent Statement

To be completed by the Non-Custodial Parent

### Student

Name: \_\_\_\_\_ Student ID No. : \_\_\_\_\_

### Non-Custodial Parent

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

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

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

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

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

### Financial Assistance to Custodial Parent and Children

	<u>Actual 2013</u>	<u>Estimated 2014</u>
Child support paid for all 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 2014-2015 academic year: (do not include child support in this figure)	\$ _____	

### Income and Expenses

	<u>Actual 2013</u>	<u>Estimated 2014</u>
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..... %

...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 2013-2014	Grade	Cost to you, 2013-2014

**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

**Return to:**  
**Stonehill College**  
**Student Financial Services**  
**320 Washington Street**  
**Easton, MA 02357**  
**Email: [finaid@stonehill.edu](mailto:finaid@stonehill.edu)**