



## 2019-2020 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 2017	Actual 2018 <input type="checkbox"/>
		Estimated 2019 <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 2019-2020 academic year: (do not include child support in this figure)	\$ _____	

### Income and Expenses

	Actual 2017	Actual 2018 <input type="checkbox"/>
		Estimated 2019 <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 attending in 2019-2020	Grade	Cost to you, 2019-2020

**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](mailto: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. Photographed documents sent via email will not be accepted.*