College of the Atlantic

Noncustodial Parent Declaration of Finances

For 2017-2018 School Year using 2015 tax information

This form is used to supplement separate information supplied by the student and custodial parent with the underlying assumption that both parents, regardless of marital status, along with the student, share the primary responsibility for providing a reasonable level of financial support before institutional sources of financial aid are considered.

The noncustodial parent completes this form and submits it directly to College of the Atlantic with the most recent federal tax form**. Information on this form is confidential and not shared with the student or ex-spouse without explicit permission (see checkbox at end). The noncustodial parent will not be contacted by the college or billed unless they have been designated as the billing party.**

*Determination of *custodial* status: 1) the parent with whom the student lives, or; 2) in the case where the student splits their time equally with both parents throughout the year, then the parent that provides more than half of the student's financial support. Custodial status is not necessarily linked to the parent that may claim the student as an exemption for tax purposes. The student fills out the Free Application for Federal Student Aid (FAFSA) with the custodial parent as defined in this paragraph. The noncustodial parent (and spouse if remarried) fills out this form.

Section 1: Student Information

Student name First: _____ Last: _____

Soc. Sec. no.: _____ /_____ /_____ Date of birth: _____/_____/_____

Primary residence is with: Mother ☐ Father ☐ Time equally split between mother and father ☐

Section 2: Noncustodial Parent and Spousal Information

Name: _____ _____ Age: _____ Relation: _____

Street Address: _____ City, State, Zip: _____

Employer: _____ Occupation: _____

Email address: _____ Remarried? Yes ____ No ____

Current Spouse's name: _____ _____ Age: _____

Employer: _____ Occupation: _____

Section 3: Household Information

List household family members – include those living in your house or otherwise away at school.

Name (List student first; include parent/step-parent)	Code: see below	Age	School grade, College name 2017-2018 or N/A	Year in college: 1, 2, 3, …	If in college, Full-time or half-time -blank if less than h/t	Parent contribution	Claimed on parent taxes? Yes	No
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					☐ ☐		☐	☐
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Codes: **1**-parent; **2**-parent's current spouse; **3**-student; **4**-student's (step)sibling; **5**-student's spouse; **6**-student's child; **7**-student's grandparent; **8**-other

Section 4: Financial Information – please attach a copy of the first two pages of 2015 federal taxes

A. Income

Wages, salaries, tips _____

Income earned by noncustodial parent _____

Income earned by noncustodial parent's spouse _____

Adjusted Gross Income (AGI) _____

Tax paid (don't confuse with taxes withheld; *don't include self-employment tax,* it's already factored in AGI) _____

Untaxed benefits, income and credits for 2015

a) Untaxed Social Security benefits _____

b) Payments to tax-deferred pensions and savings plans _____

c) Deductible amounts for IRA, SEP, SIMPLE or Keough _____

d) Child support received for all children _____

e) Education credits _____

f) Earned Income Credit _____

g) Additional child tax credit _____

B. Assets

a) Cash, savings _____

b) Investments _____

c) Home* purchase price _____; current market value _____; unpaid principal _____

d) Other real estate: purchase price _____; current market value _____; unpaid principal _____

C. Expenses

a) Annual child support paid for the tax year _____/yr.

b) Medical expenses not covered by insurance for the tax year _____/yr.

c) Monthly housing payment *I Rent ☐ Own ☐ _____/mo.

Section 5: Comments – please use this space to note any extenuating circumstances. Attach supporting documents if relevant.

Section 6: Signed Declaration

The information provided on this form is accurate to the best of my knowledge. I agree to update or amend this information if it changes before the start of the school year. I understand that not providing complete and accurate information could result in a loss of financial aid.

_____ _____

Signature Date

☐ I give permission to share this information with the student if asked

☐ I do NOT give permission to share this information with the student