



Non-custodial Parent Finances

2027-2028 school year, using 2025 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 non-custodial parent completes this form and submits it directly to College of the Atlantic with a **2025** federal tax form or Tax Return Transcript (<https://www.irs.gov/individuals/get-transcript>) by email, mail or fax. **Information on this form is confidential and not shared with the student or ex-spouse without explicit permission (see check box at the end). The non-custodial parent will not be contacted by the college or billed unless they have been designated as the billing party.**

*The student fills out the Free Application for Federal Student Aid (FAFSA) with the custodial parent as defined in this paragraph. Determination of custodial status: For parents who are divorced, separated, or never married and don't live together, the parent who provided more financial support during the last 12 months is the contributor and must provide their information on the FAFSA. If both parents provided an equal amount of financial support, or if neither parent provides financial support, the parent with the greater income and assets is the contributor and must provide their information on the FAFSA.

Section 1: Student Information

Student name First: _____ Last: _____

Social Security Number: _____/_____/_____ Date of birth: ____/____/____

Student primarily resides ☐ with parent #1 ☐ with parent #2 ☐ equally between parent #1 and parent #2
☐ without a parent (you must still complete this form)

Section 2: Non-custodial Parent and Spouse Information

Name: _____ Age: _____ Relation: _____

Street Address: _____ City, State, Zip: _____

Occupation: _____

Email address: _____ Remarried? Yes _____ No _____

Current Spouse's name: _____ Age: _____

Occupation: _____



Section 3: Household Information

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

Full Name	Age	Relationship to student	Name of <u>College or University</u> (if at least ½ time during 2027-2028)	Year in school	Parent contribution	Claimed on parent taxes?	
						Yes	No
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

Section 4: Financial Information – please attach a copy of your 2025 federal taxes or 2025 Tax Return Transcript

A. Income

Wages, salaries, tips _____
 Income earned by non-custodial parent _____
 Income earned by non-custodial parent's spouse _____
 Adjusted Gross Income (AGI) _____
 Tax paid (don't confuse with taxes withheld) _____

Untaxed benefits, income and credits for 2025

- a) Untaxed Social Security benefits _____
- b) Payments to tax-deferred pensions and savings plans _____
- c) Deductible amounts for IRA, SEP, SIMPLE or Keogh _____
- d) Child support received for all children _____
- e) Education credits _____
- f) Earned Income Credit _____
- g) Additional child tax credit _____

B. Assets (as of today)

- 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 ineligibility of institutional financial aid.

Signature of non-custodial parent

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

Return this form, along with any requested documentation, to the Financial Aid Office:

College of the Atlantic
Attn: Financial Aid
125 Eden Street
Bar Harbor, ME 04609

FAX
207-288-2328

EMAIL
financialaid@coa.edu

IN PERSON
Admission and
Financial Aid Office in
Kaelber Hall