

OBERLIN COLLEGE NON-CUSTODIAL PARENT STATEMENT

Oberlin College Office of Financial Aid
 52 West Lorain Street
 Oberlin, OH 44074-1044
 800.693.3173 or 440.775.8142
 Fax: 440.775.8249
 E-mail: financial.aid@oberlin.edu
 Web site: www.oberlin.edu/financialaid

STUDENT APPLICANT INFORMATION

Student's name _____
last first middle Jr., etc.

Oberlin ID _____ *or* Social Security number _____ - _____ - _____

PARENT'S INFORMATION Note: This form is to be completed by the parent who does not complete the Free Application for Federal Student Aid (FAFSA).

Name _____

Address _____
street and number city state zip

Employer _____ Phone _____

Title _____ E-mail _____

Parent's support of former household **Total**

Annual child support paid for all children \$ _____ .00

Annual child support paid for the student applicant \$ _____ .00

When will (did) child support end? _____

Alimony paid \$ _____ .00

What do you expect to contribute for the first year of the student applicant's educational costs in addition to child support listed above? \$ _____ .00

Parent's Income **Total**

Do not include current spouse (if any)

Wages, salaries, tips, other compensation \$ _____ .00

Interest/dividends \$ _____ .00

Net income (or loss) from business \$ _____ .00

Other taxable income \$ _____ .00

Untaxed Social Security benefits \$ _____ .00

Other untaxed income (child support received, _____

Expenses

U.S. tax \$ _____ .00

Medical expenses not covered by insurance \$ _____ .00

Assets

Cash, savings, checking, investments \$ _____ .00

Home equity (value minus debt) \$ _____ .00

Business/farm equity \$ _____ .00

Give information for all individuals included in above parent's household. Include parent and parent's spouse (if any).

Name of family member	Age	Year in college	Name of school or college	Parent's contribution
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

CERTIFICATION AND AUTHORIZATION

I declare that the information reported on this form is true, correct, and complete. To verify the information provided on this form, I agree to provide an official copy of my U.S. tax return upon request.

Parent's signature _____ Date _____

Do you authorize Oberlin College to discuss the information on this form with the student applicant? Yes No