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.

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

Occupation _____ Title _____ Employer _____

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 Do not include current spouse (if any)	**Total**
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