

**Tufts University School of Dental Medicine  
Financial Aid Office  
1 Kneeland Street, Boston, MA 02111  
2019-2020 Non-Custodial Parent's Statement**

*Instructions: This form is to be completed by the student's non-custodial parent (whether divorced, separated, or never married). This form is used by TUSDM to evaluate the financial strength of the student's non-custodial parent. TUSDM adheres to the principle that both parents should be evaluated for ability to provide financial support for the student – regardless of their intention to do so.*

**STUDENT INFORMATION**

Student's Name \_\_\_\_\_ Tufts Student ID # \_\_\_\_\_

Student's primary place of residence is (or would be if student lives with neither parent) with:

CUSTODIAL PARENT       NON-CUSTODIAL PARENT       EQUALLY WITH BOTH

**I. NON-CUSTODIAL PARENT'S (AND CURRENT SPOUSE'S, IF APPLICABLE) INFORMATION**

1. Name \_\_\_\_\_ Age \_\_\_\_\_

2. Address \_\_\_\_\_ Your Phone # (\_\_\_\_) \_\_\_\_\_

3. Occupation \_\_\_\_\_ Employer \_\_\_\_\_ No. Years \_\_\_\_\_

4. Are you currently unemployed?  NO       YES \*if YES, date unemployment began \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Current relationship to student's custodial parent:

NEVER MARRIED       SEPARATED\*       DIVORCED\*      \*Date of Separation or Divorce \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Have you remarried?  NO       YES \* if YES, complete the following questions about your spouse.

Name of Current Spouse \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ No. Years \_\_\_\_\_

**II. NON-CUSTODIAL PARENT'S SUPPORT OF FORMER HOUSEHOLD / STUDENT APPLICANT**

1. Who claimed the student as a dependent on a 2017 U.S. income tax return?

CUSTODIAL PARENT       NON-CUSTODIAL PARENT       NEITHER PARENT

2. Annual child support paid for all children:      2017 - \$ \_\_\_\_\_ .00      2018 - \$ \_\_\_\_\_ .00

3. Annual child support paid for student applicant:      2017 - \$ \_\_\_\_\_ .00      2018 - \$ \_\_\_\_\_ .00

4. When will (or did) student applicant's child support end?      \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Alimony paid:      2017 - \$ \_\_\_\_\_ .00      2018 - \$ \_\_\_\_\_ .00

6. How much did you/do you expect to contribute to the student applicant's education, excluding child support payments?

Academic years: 2018-19 - \$ \_\_\_\_\_ .00      2019-20 - \$ \_\_\_\_\_ .00

Is there an agreement specifying this contribution for the student's education?       YES       NO

**III. NON-CUSTODIAL PARENT’S HOUSEHOLD SIZE AND FAMILY MEMBERS**

1. Number of people in your household: \_\_\_\_\_ include yourself, current spouse, the student, other children that you share with the student’s custodial parent (even if they do not live with you), and other people if they currently live with you and receive at least half of their support from yourself and/or your current spouse.
2. Number of children from question 1 who will attend college at least half-time in 2019-2020: \_\_\_\_\_
3. Complete the table below listing all individuals who currently reside in your household, including yourself and your spouse (if applicable).\*

Name	Age	Relationship to Student	College attending (if any)	Enrollment Status (circle one if applicable)	
		Non-Custodial Parent		Full time	Half time
				Full time	Half time
				Full time	Half time
				Full time	Half time
				Full time	Half time

*\*if additional space is necessary, please include information on separate sheet of paper.*

**IV. NON-CUSTODIAL PARENT (AND CURRENT SPOUSE’S) 2017 INCOME**

**Instructions for completing this section: Do not leave this section blank. Write N/A or “0” when applicable.**

- Refer to your 2017 U.S. Income Tax Return (Form 1040, 1040A, 1040EZ).
- Line 9a: Include only amounts that you receive for yourself, your current spouse, and dependent children under age 18. Do not include amounts received for the student.

1. The following 2017 U.S. income tax return figures are:
  - From a completed IRS Form 1040EZ or 1040A.
  - From a completed IRS Form 1040.
  - A 2017 tax return will not be filed.
2. 2017 Total number of exemptions (IRS 1040 & 1040A, line 6d.; 1040EZ see 1040EZ worksheet) 2. \_\_\_\_\_
3. 2017 Adjusted Gross Income (1040, line 37; 1040A, line 21; 1040EZ, line 4) 3. \$ \_\_\_\_\_
  - a. Wages, salaries, tips (1040 & 1040A, line 7; 1040EZ, line 1) 3a. \$ \_\_\_\_\_
  - b. Interest & dividend income (1040 & 1040A, lines 8a & 9a; 1040EZ, line 2) 3b. \$ \_\_\_\_\_
  - c. Net income (or loss) from business, farm, rents, royalties, partnerships, estates, trusts, etc. (1040, lines 12, 17, & 18). Enter the amount in parentheses if a loss. 3c. \$ \_\_\_\_\_
  - d. Other taxable income such as alimony received, capital gains/losses, pensions, annuities, etc. (1040, lines 10, 11, 13, 14, 15b, 16b, 19, 20b, 21; 1040A lines 10, 11b, 12b, 13, 14b; 1040EZ line 3) 3d. \$ \_\_\_\_\_
  - e. Adjustments to income (1040, line 36; 1040A, line 20) 3e. \$ \_\_\_\_\_
4. 2017 U.S. income tax (1040, line 56 minus line 46; 1040A line 28 minus line 36; 1040EZ line 10) 4. \$ \_\_\_\_\_
5. 2017 Itemized deductions (IRS Schedule A, line 29. [Write “0” if deductions were not itemized.]) 5. \$ \_\_\_\_\_
6. 2017 Education credits—American Opportunity & Lifetime Learning (1040, line 50; 1040A, line 33) 6. \$ \_\_\_\_\_
7. 2017 Income earned from work by you 7. \$ \_\_\_\_\_
8. 2017 Income earned from work by your current spouse 8. \$ \_\_\_\_\_

9. 2017 untaxed income & benefits (Indicate total for the calendar year.)
- a. Social Security benefits received (untaxed portion only, see instructions above) 9a. \$ \_\_\_\_\_
  - b. Payments to tax-deferred pension & savings plans 9b. \$ \_\_\_\_\_
  - c. Deductible IRA and/or SEP, SIMPLE, or Keogh payments 9c. \$ \_\_\_\_\_
  - d. Child support received for all children 9d. \$ \_\_\_\_\_
  - e. Other—Earned Income Credit; housing, food, & living allowances; tax-exempt interest income; foreign income exclusion, etc. 9e. \$ \_\_\_\_\_

**V. NON-CUSTODIAL PARENT (AND CURRENT SPOUSE'S) 2017 EXPENSES**

**Instructions for completing this section: Do not leave this section blank. Write N/A or "0" when applicable.**

- **Line 2:** Write in the amount of educational loan payments that you (and your spouse) made in 2017. Include loans obtained by you (and your spouse) for your own education or for the education of the student, the student's siblings, or the student's stepbrothers or stepsisters.
- **Line 3:** Write in the amount of medical and dental expenses paid in 2017. Include the cost of insurance premiums for medical and dental care. Do not include amounts covered by insurance, your company medical reimbursement account (flexible spending account), or self-employed health deductions.

- 1. Child support paid by both the noncustodial parent & spouse because of divorce or separation 1. \$ \_\_\_\_\_
- 2. Repayment of noncustodial parent and spouse's educational loans (see instructions above) 2. \$ \_\_\_\_\_
- 3. Medical and dental expenses not covered by insurance (see instructions above) 3. \$ \_\_\_\_\_
- 4. Total elementary school, junior high school, and high school tuition paid for dependent children (not including the student applicant) 4. \$ \_\_\_\_\_
  - a. For how many dependent children? (not including the student applicant) 4a. \_\_\_\_\_

**VI. NON-CUSTODIAL PARENT (AND CURRENT SPOUSE'S) 2018 ASSETS AND DEBTS**

**Instructions for completing this section: Do not leave this section blank. Write N/A or "0" when applicable.**

- Do not report any asset more than once. If you jointly own assets with a former spouse, include on your (and your current spouse's) assets and debts.
- **"Present market value"** means the amount for which the asset could currently be sold. Do not use valuation such as assessed value, insured value, or tax value.
- **Line 2:** Include funds held in Section 529 college savings plans and/or prepaid tuition plans established for the student and the student's siblings and stepsiblings who have been counted in your household (Section III, question 1.)

- 1. Cash, savings, checking accounts, bonds, and trust funds (as of today) 1. \$ \_\_\_\_\_
- 2. Investments – net value of stocks and other securities (list types & amounts in Section VII)
  - a. Present market value 2a. \$ \_\_\_\_\_
  - b. Current debt owed 2b. \$ \_\_\_\_\_
- 3. Housing payment (Check One)       RENT       MORTGAGE\*      Monthly amount: 3. \$ \_\_\_\_\_
 

*\*If home is owned or being purchased, complete questions 3a-3d below.*

- a. Present market value of home 3a. \$ \_\_\_\_\_
  - b. Unpaid mortgage principal 3b. \$ \_\_\_\_\_
  - c. Year home purchased 3c. \$ \_\_\_\_\_
  - d. Purchase price of home 3d. \$ \_\_\_\_\_
4. Other real estate (if multiple properties owned, include information in Section VII)
- a. Present market value of other real estate 4a. \$ \_\_\_\_\_
  - b. Unpaid mortgage principal 4b. \$ \_\_\_\_\_
  - c. Year other real estate purchased 4c. \$ \_\_\_\_\_
5. Business and/or Farm
- a. Present market value 5a. \$ \_\_\_\_\_
  - b. Current debt owed 5b. \$ \_\_\_\_\_
  - c. Percent of ownership 5c. \_\_\_\_\_ %
6. Current value of tax-deferred pensions, annuities, and savings plans (for example: SRAs, 401(k)s, TDAs, 403(b)s, 408s, 457s, 501(c)s, etc.) 6. \$ \_\_\_\_\_

**VII. REMARKS & SPECIAL CIRCUMSTANCES**

*If you have any special circumstances, or additional information was requested above, please attach a separate sheet of paper to this form.*

**VIII. CERTIFICATION AND AUTHORIZATION**

**NON-CUSTODIAL PARENT CERTIFICATION:**

I certify that all the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my Federal, State and/or Local Tax Return. I also realize that if I do not give proof when asked, I may jeopardize my student's ability to receive certain financial aid programs. I also certify that I have read and understand all information that has accompanied this application and promise to notify the Financial Aid Office of any changes in my financial situation

NON-CUSTODIAL PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NON-CUSTODIAL PARENT DISCLOSURE AUTHORIZATION:**

In order to protect parent privacy, the Financial Aid Office requires that non-custodial parents complete the disclosure authorization statement below.

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize the Financial Aid Office to discuss all aspects of the information that I have provided on this form with my son/daughter, including information pertaining to income and assets.

NON-CUSTODIAL PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE NOTE: WE CANNOT ACCEPT TYPED OR ELECTRONIC SIGNATURES. ALL SIGNATURES MUST BE REAL.**