

NONCUSTODIAL PARENT FINANCIAL INFORMATION FORM (US CITIZENS & PERMANENT RESIDENTS)

The noncustodial parent should complete this form and return it to ESAP. Penn requires financial information from both parents, even when they are divorced or separated, to determine a student's financial need. Information collected on this form will be kept confidential.

Please submit a copy of your most recent Tax Forms and wage statements (2018). All forms should be combined into one file and uploaded onto the student's CollegeNet application dashboard (within 10 days of submitting the completed program application).

If you have additional questions, email Engineering Summer Academy at Penn at: esap@seas.upenn.edu

Section A: Student Information		
Student's Name:	Soci	ial Security Number
Student's primary residence is:	ther uith father	\Box equally with mother and father
Section B: Noncustodial Parent Information	1	
1. Relationship to student ☐ mother	\Box father	
2. Name		
3. Date of birth		
4. Address	City	Province
5. Email		
6. Daytime Phone		
7. Will you attend a college or university at lea	ast one term during the 2018-2	019 academic year?
□ No □ Yes If yes, indic	cate the name of school	
8. Indicate if you are ☐ self-employed	□ employed	\Box unemployed
Occupation	Employer	
Number of years with current employer		
If unemployed, the date unemployment beg	gan	
Section C: Household Information		
9. What is your current marital status?	never married □ remarried	□ separated □ divorced □ widowed
•		separated a divorced a widowed
10. If you have remarried, complete the follow	ing information:	
a. the date of your marriage		
b. your spouse's name		



	c. your s	pouse	s occ	eupation				employer						
	d. will y	our sp	ouse l	be attending college	at least o	one term du	ring the 2	018-2019	academic y	ear?				
)		Yes If yes, indicate	e the nai	me of the so	chool							
24 who	om you sha	e with	n the s	mily. Include yourse tudent's custodial pa or support from you	arent, ev								_	
	Name	Age	Check if living with	Name of Present School or College	Year in School/ College	Tuition and Fees	Room and Board	Scholarships or Gift Aid	Parental Support Toward Educational	Name of Institution to be Attended	Type of Institution		ution	Check if Full Time
			family						Expenses		Public School	Private School	College	
1														
2														
3														
4														
5														
6														
Section 12. To	n D: Expentation	nses child s	suppoi	rt you and your spou	se paid	or will pay	in 2018 \$		Esti	mated for 20	19 \$ _			
13. Re	payment of	you a	ınd yo	ur current spouse's e	education	nal loans in	2018 \$		Estim	ated for 2019	\$			_
14. Un	ninsured me	dical	and de	ental expenses in 201	8 \$		Estima	ated for 20	19 \$					
Section	on E: Fir	<u>ianci</u>	al Su	apport of Forme	r Hou	<u>sehold</u>								
				nt as a dependent on						father		neithei	r parer	ıt
16. An	nnual child	suppo	rt paid	for the student in 20)18 \$		Estimat	ted for 201	9 \$					
17. Ac	ecording to	court	order,	when will (did) the	student	's child sup	port end?							
18. An	nnual child	suppo	rt pai	d for all children in 2	2018 \$ _		Estima	ated for 20	19 \$					
19. An	nnual alimo	ny pai	id in 2	018 \$	_ Estim	ated for 20	19 \$							
		-		bute toward the stud							mic ye	ar?\$		
21. Ho	ow much do	you j	plan to	o contribute toward t	the stud	ent's educa	tion in 20	18-19? \$ _						
22. Is	there an ag	reeme	nt spe	cifying this contribu	tion for	the student	's education	on?	\square Yes	□ No				



Section F: Noncustodial Parent's (and spouse's, if remarried) Income and Benefits

		2018	2019 (estimate)
23.	Taxable income received from any of these sources	\$	\$
	a. Wages, salaries, tips	\$ 	\$
	b. Interest income	\$	\$
	c. Dividend income	\$	¢
	d. Other taxable income	\$	ψ
	d. Other taxable meonic	Ψ	Ψ
24	Non-Taxable Income and Benefits	Ψ	Φ
24.	TYOH-Taxable income and benefits	¢	\$
25	Total taxable and Non-Taxable Income and Benefits	Ψ	Ψ
23.	Total taxable and Fron Taxable income and Bellettis		
26	Credits:		
-0.	a. Pension Plan Contribution	\$	\$
	b. Employment Insurance Premiums	<u> </u>	\$
	c. Allowable Medical Expenses	<u> </u>	\$
		Ψ	Ψ
27.	Taxes		
	a. Federal Income Tax	\$	\$
	b. State Tax	\$	\$
	c. Total taxes	\$ *	\$
			
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Se	ection G: Estimated 2019 Income and Benefits		
20		d)	
28.	a. income you will earn from work	\$	
	b. income your spouse will earn from work	\$	
•		\$	
29.	Other taxable income	Φ.	
20	TT . 1' 11 C'.	\$	
30.	Untaxed income and benefits		
Se	ection H: Noncustodial Parent's (and spouse's if ma	arried) Assets	
If y	our spouse owns more than 50% of any of these assets, provide details on a sep	arate sheet	
31.	Total cash, checking and savings accounts as of today	\$	
		\$	
32.	a. Total value of assets held in the names of you and your spouse's children		
	who are under 19 and not college students. Do not include the student.		
	b. Total value of assets held in prepaid tuition plans for you and your	\$	
	spouse's children. Do not include the student.		
	c. Total value of assets held in prepaid tuition plan for the student.	\$	
		\$	
33.	Investments		
	Total value of stocks, bonds, savings bonds, mutual funds, C.D.s, money	\$	
	market funds, and all other investments except real estate.		
		\$	
34.	Primary home (If you rent, check here □ and skip to 34e)		
	a. What is it worth today	\$	
	b. Amount owed	\$	
	c. Year purchased	\$	
	d. Purchase price	\$	
	e. Monthly mortgage or rent payment	\$	
	7 - 10-10 - 10 - 10 - 10 - 10 - 10 - 10	•	
35.	Real estate (other than your primary home)		
	a. What is it worth today?	\$	
	a. Amount owed	\$	
	b. Year purchased	\$	
	c. Purchase price	\$	
36	Do you or your spouse own all or part of a business or farm?	*	
50.			
	If you answered yes		
	a. Percentage of ownership:	ф	
	b. What is it worth today?	5	
	C WHAT IS OWED ON IT /	``	



Section I: Special Circumstances and Explanations

Please attach additional pages if necessary to explain any unusual expenses such a or special circumstances in your family	s high medical or dental expenses, educational and other debts, child care, elder care,
or special circumstances in your raining	
Section J: Certification and Authorization	
We understand that the information provided on this form will be eligibility for ESAP and does not guarantee an official financial a	
We hereby certify that the information presented on this applicati	on is correct at this time.
Signature of noncustodial parent	Date: