NON-CUSTODIAL PARENT STATEMENT OF FINANCIAL STRENGTH 2019-2020

PRIORITY DEADLINES:
Incoming Students March 1, 2019
Returning Students May 1, 2019

This form is used to evaluate the strength of the student’s noncustodial parent. The George Washington University School of Medicine and Health Sciences adheres to the principle that both parents, regardless of their current marital status, have the primary responsibility for providing for their child’s education and should be expected to provide reasonable financial support before institutional resources are considered.

Section A. Student Applicant Information

1. ___________________________________________ ___________________________________________ ___________________________________________ ________________________
Student’s Last Name First Name Middle Initial GWID

Student’s primary residence is with:
(   ) mother (   ) father (   ) equally shared with mother and father

Section B. Non-Custodial Parent (and Current Spouse’s) Information

2. Non-Custodial Parent

Name_________________________________________ DOB______________________
Mailing Address__________________________________________________________
Email______________________________________________________________

Occupation______________________ Employer______________________ No. Years__________

Are you covered by this employer’s pension plan? _____Yes _____No

If unemployed, date unemployment began: ___________________________ (MM/DD/YY)

Marital Status: Date of Separation________________ (MM/DD/YY) Divorce _____________ (MM/DD/YY)

If you are remarried, date of marriage _____________________________ (MM/DD/YY)

3. Non-custodial parent’s current spouse (if applicable)

Name_________________________________________ DOB______________________

Occupation______________________ Employer______________________ No. Years__________
4. Non-custodial parent’s support of former household

Who claimed student as a dependent on their 2017 tax return? ( ) Mother ( ) Father ( ) Neither

Is there an agreement specifying this contribution for the student’s education? _____Yes _____No

Annual Child support paid for all children in 2017: $____________________

Annual child support paid for the student applicant in 2017: $_______________________

In 2019-2020 how much do you expect to contribute toward your student’s education, excluding child support? $_____________

5. Non-Custodial Parent household members

<table>
<thead>
<tr>
<th>Name (list student on line 1)</th>
<th>Age</th>
<th>Relationship to student</th>
<th>At least half-time in college in 2019-2020</th>
<th>Name of Institution Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Check one</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td>□ yes □ no</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td>□ yes □ no</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td>□ yes □ no</td>
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</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td>□ yes □ no</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td>□ yes □ no</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td>□ yes □ no</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td>□ yes □ no</td>
<td></td>
</tr>
<tr>
<td>Total household members:</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Section C. Noncustodial Parent’s (and Current Spouse’s) Income

6. You must attach a copy of your 2017 tax returns, W2s and all schedules.

7. 2017 Income earned by student’s noncustodial parent $__________ student’s noncustodial parent’s spouse $__________ (NOTE: Spouse’s income will be deducted from our calculations.)

8. 2018 Income earned by student’s noncustodial parent $__________ student’s noncustodial parent’s spouse $__________ (NOTE: Spouse’s income will be deducted from our calculations.)

Section D. Noncustodial Parent’s (and Current Spouse’s) 2018 Expenses

9. Child support paid by both the custodial parent and the spouse because of divorce or separation $____________________
Section E. Noncustodial Parent’s (and Current Spouse’s) Assets and Debts

10. Value of cash, savings and checking accounts as of today $_______________________

11. Total value of IRA, Keogh, 401K, 403b, accounts as of December 31, 2018 $_______________________

For questions 12-15 please insert zeros where appropriate, please do not leave any field blank.

<table>
<thead>
<tr>
<th>Question</th>
<th>Value as of today</th>
<th>Value owed on it</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Investments</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>13. Home/Domicile (Renters write “0”)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>14. Other Real Estate/Investment Properties</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>15. Business and Farm</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

16. Total number of properties owned, excluding primary residence: __________________

17. If a farm was included in the table, is the student living on the farm? _____Yes _____No

18. If you own a home please indicate:
   a. Year Purchased _____________
   b. Purchase Price $_______________
   c. Mortgage payment $__________
   d. Annual property tax paid $_______________

19. Please list the vehicle make, model and year, the value and amount owned on the vehicle, include zeros if you do not own a vehicle (s):

<table>
<thead>
<tr>
<th>Make, Model, Year of Vehicle</th>
<th>Value as of 12/31/18</th>
<th>Amount owed on Vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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Section F. Remarks
The MD Program Office of Financial Aid can discuss my financial information and/or situation with my son or daughter.

☐ Yes  ☐ No

Section G. Certification and Authorization

Parent Signature: _____________________________________________

Parent Print Name: __________________________________________

Date: ______________________________________________________