



Parent Clarifications: 2017-2018

Student Name: _____ **ID/SSN:** _____

Instructions: Check the appropriate box or boxes below and provide the requested information. The information on this sheet will be based on your custodial parent (if your custodial parent is married, please fill out Section B). Be sure to enter "zero" or "0" if no funds were received and/or earned. Incomplete forms will be returned. Failure to complete this form will delay the processing of your financial aid.

Section A: Information regarding custodial parent

Name as it appears on the social security card: _____

Social Security Number: _____ Date of birth: _____

Section B: Information regarding custodial parent's spouse

Name as it appears on the social security card: _____

Social Security Number: _____ Date of birth: _____

Section C: Parent Filing Status

- My parent(s) did not/are not required to file a **Federal Income Tax Return** for 2015.

If your parent(s) did not file a federal tax return, write the total amount of income earned in 2015:

Father/Stepfather: \$ _____ total income (indicate \$0 if none earned)

Mother/Stepmother: \$ _____ total income (indicate \$0 if none earned)

My parent(s)' total untaxed income for 2015 was: \$ _____

Source of untaxed income: _____

Section D: Parent Marital Status

My parent(s)' marital status as of today is (circle one):

Single Married Remarried Divorced Separated Widowed

Unmarried and living together

Month and Year that your parent(s) was married, remarried, separated, divorced or widowed: _____ / _____

State my custodial parent (and parent's spouse) reside in: _____ Since: _____ / _____



Parent Clarifications: 2017-2018 Continued

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Section E: Child Support

- My parent(s) **received** Child Support in the amount of \$_____ total for 2015.
Note: this includes child support for any/all children in the household.

- My parent(s) **paid** Child Support in 2015 as follows:

Name of person PAYING Child Support: _____

Name of person whom Child Support was paid: _____

Names and ages of children whom support was paid:

_____	_____
_____	_____
_____	_____

Total amount of Child Support paid in 2015: \$_____

Section F: Certify

I certify that the information provided on this form is complete and correct. Both student and parent signatures are required.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

**If you need assistance completing this form contact:
 Genesee Community College, Financial Aid Office
 One College Road, Batavia, NY 14020
 Phone: (585) 345-6900, Fax: (585) 343-6726
 Email: financialaid@genesee.edu**