



Parent Clarifications: 2018-2019

If you need assistance completing this form please contact the Financial Aid Office at (585) 345-6900 or financialaid@genesee.edu

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 2016.

If your parent(s) did not file a federal tax return, write the total amount of income earned in 2016:

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 2016 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: 2018-2019 Continued

Student Name: _____ ID/SSN: _____

Section E: Child Support

My parent(s) **received** Child Support in the amount of \$ _____ total for 2016.
Note: this includes child support for any/all children in the household.

My parent(s) **paid** Child Support in 2016 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 2016: \$ _____

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: _____

**Genesee Community College, Financial Aid Office
One College Road, Batavia, NY 14020
Phone: (585) 345-6900, Fax: (585) 343-6726
Email: financialaid@genesee.edu**