

E pfaa@princeton.edu finaid.princeton.edu

Student Information			
Name:		D	OB:
PUID (for current students):			
Instructions: This form should be completed by the Princeton Financial Aid Application. In the event to require both parents' information to determin need for financial aid will be based on an evaluation custodial parent's 2023 federal income tax return and/or business returns, if applicable, is also required. Please do not leave any question Upload the completed form through the secure Estudent or applicant.	he non-custodial parent that the custodial parent the family resources and tion of information from the including all statement tuired.	t of the student listed about is not currently married calculate a family contributed both parents. A signed ts, along with W-2 states plete forms will not be resulted to the states of	ed, it is Princeton's policy bution. Determination of copy of the nonments, Schedule K-1s, reviewed.
Non-custodial Parent Information	er 🗆 Father		
Name:FIRST and LAST			AGE
Address:NUMBER and STREET / APT. NO.			
CITY	STATE	ZIP CODE	COUNTRY
Telephone:AREA CODE / NUMBER	Email:		
Occupation:		EMPLOYER	# YEARS
Year of separation (if applicable):	Year o	of divorce (if applicable):	
Household Information			
Family Size: Number of people in the non-custodi including spouse and other dependents. Do not in		icant.	
Private elementary and secondary school tuition prin 2024–25. Do not include amount paid for the a			
	For how r	nany students?	
Anticipated undergraduate college expenses paid 2025–26 for children (EXCLUDING the applicant)			
	For how r	nany children?	
How much do you plan to contribute toward the	annlicant's 2025_26 col	ogo ovnoncoc2	ċ

If remarried, please exclude spouse's income, expenses, and assets when completing the following section. Note: spousal W-2 statements and tax documents may be requested to confirm the exclusion of spousal income.

Did you file taxes for the 2023 year? If no, skip Taxable Income of	questions. 🗆 Yes	□ No
Parent's Taxable Income	2023	2024 (Estimated)
Adjusted Gross Income (1040 line 11)		
W-2 Income (1040 line 1a) if there is no income on line 1a, enter 0		
Non-custodial parent's spouse's wages, if filed jointly*		*This information is requested to exclude the spousal income information from our evaluation.
Parent's Untaxed Income	2023	
Total IRA/SEP/SIMPLE contribution (Schedule 1, lines 16 and 20)		
401K/403B and other tax-deferred contributions (often found on W2 box 12, codes D, E, F, G, H, S)		
Untaxed portions of IRA, pension, annuity distributions excluding rollovers (1040 lines 4a+5a minus 4b+5b)		
Housing, living, or food allowance received		
Total child support received from another parent		
Total alimony received that is not reported on 2023 taxes		
Miscellaneous untaxed income (include deferred compensation, retirement contributions not reflected above, tax-exempt interest, foreign income exclusions, etc.)		
Other untaxed income or benefits, such as money received or paid on your behalf not reported elsewhere on this application (explain below, in Other Info section)		
Parent's Expenses	2023	
Total child support paid by non-custodial parent to the student's custodial household		
Total child support paid by non-custodial parent to any other household, <u>excluding</u> the student's custodial household		
Total alimony paid by non-custodial parent to another household not reflected on the 2023 taxes		
Medical and dental expenses not reimbursed by insurance		
Parent's Assets Report the value of all parental assets and investments held in a	any country as of today	y's date.
Cash, savings, checking, and cryptocurrency accounts		

(assets continued)

Investments (stocks, bonds, money marked cryptocurrency, etc.). Report the total value beneficiary or account holder. This amount parent, regardless of their designated beneficiary balance at the time the finance prepaid tuition plan is the "refund" value or refund value is the amount the owner wor Don't include retirement plans reported between the country to the same properties of the country to the countr	ue of all investments for which to the should include the value of all deficiaries. For educational savin cial aid application is completed of any tuition credits or certifica auld receive if the account were le	the parent is the assets held by the gs plans, the value is . The value of a tes purchased. The		
Current value of qualified retirement, pens	sion, annuity, and savings plans			
Real Estate (Primary Residence) ☐ Rent Monthly rent amount				
☐ Own (including paying a mortgage)	Year of purchase			
Purchase price	Current market value	Cu	rrent amount owed	
Monthly mortgage payment (ir	ncluding property taxes and insu	rance)		
Does your primary home have	a unit that has its own entrance	, kitchen, and bath tha	at is currently rented out?	☐ Yes ☐ No
If yes, what is the percen	t of home rented out			
☐ Other, please explain				
Address:City	Street	Zip	Country	-
Year of purchase	Purchase price			
Current market value	Current Amount Owed	Percent of ownership		
Primary use: ☐ Rental ☐ Vacation	☐ Other (please explain)			_
Business Information (if applicable) Please attach additional pages to include if Type of business: Sole Proprietorship	ip 🗆 Partnership 🗀 Corpo	oration		
Name of business:				
Nature of product or service:				
Total market value of business (the fair ma If the business were sold to another party, include all assets owned by the business: re land, buildings machinery, equipment, inve	include the current and related debts f used as collateral. I	d on business (this should amount owed for mortgage or which the business was Do not include personal ans, or other debts.)		
Percent of your share in the business	Number	of full-time equivalent	employees	

The appropriate tax documents for each	business must be inc	cluded in the d	documents provided for t	-	v.	
☐ Form 1120, U.S. Corporation Inc		ness			on	
☐ Form 1065, U.S. Return of Partne			0 3, 0.3. medine rax rece	•		
☐ None, please explain:	•					
— None, please explain.						
Does the business own any real estate?	□ Yes □ No					
Business Real Estate #1 Please attach a	dditional pages to inc	clude informa	tion about additional bus	iness real estate.		
Address:		Street				
City		State	Zip	Country		
Year of purchase						
			Current Amount	t Owed*		
*This value should be included in the tot	tal market value/amo	ount owed rep	orted above.			
Farm Information (if applicable)						
Please attach additional pages to include	de information abou	t other farms				
Name of farm:					_	
Nature of product or service:					_	
Total market value of farm (the fair mar	ket value		Total amount owed o	n farm (this should		
If the farm were sold to another party.		include the current ar		gage		
include all assets owned by the farm: real estate, land, and related debts for which the farm was buildings machinery, equipment, inventories, etc.) used as collateral. Do not include personal						
0 , , , ,			loans, consumer loans			
Percent of your share in the farm			Does your family live	on this farm?	□ Yes	□No
On which tax form(s) is the income for t						
The appropriate tax documents for each Form 1040, Schedule F - Profit o	-					
☐ Form 1120, U.S. Corporation Inc	ome Tax Return	☐ Form 112	0-S, U.S. Income Tax retu	ırn for an S Corporati	on	
☐ Form 1065, U.S. Return of Partnership ☐ Other:						
☐ None, please explain:						_
Does the farm own any real estate?	☐ Yes ☐ No					
Farm Real Estate #1 Please attach addit	ional pages to includ	e information	about additional farm re	eal estate.		
Address:						
		Street				
City		State	Zip	Country		
Year of purchase			·	,		
,	د اداددس هم مسرد	*	Command Association	h Owed*		
Purchase price C	Gurrent market value	•	Current Amoun	t Owed*		

 $[*]This\ value\ should\ be\ included\ in\ the\ total\ market\ value/amount\ owed\ reported\ above.$

Household Member List

Please give the following information about all family members in the non-custodial parent's household for 2024–25 even if they are not in school. Continue under "Other information" below if you need more space. Please include enrollment information for any siblings enrolled in an undergraduate program.

Name	Age	Relationship to applicant	College Name	Year in school	Full- or part-time	# of semesters	Tuition, Room & Board	Amount paid by parent

Also give the same information anticipated for 2025–26.

Name	Age	Relationship to applicant	College Name	Year in school	Full- or part-time	# of semesters	Tuition, Room & Board	Amount paid by parent

Other Information

Please use this space to provide additional information if your family has experienced significant financial hardship that may impact their ability to pay for college.

Certification

All members of the University community are expected to be honest and straightforward in their official dealings with University processes, activities, and personnel. This obligation includes honoring contracts and agreements and providing accurate information on official forms and documents as well as to official University personnel, offices, and committees. Deliberate violations of this provision will be considered serious offenses; subsequent violations, or systematic violations in the first instance, will be considered extremely serious. (1.1.5 Honesty and Cooperation in University Matters, Rights, Rules, Responsibilities, 2024 edition)

\Box I certify that the information contained within this document and all enclosures is comp	lete and accurate at the time of submission. I understand
that this information will be used solely for the purpose of a preliminary financial aid review $\frac{1}{2}$	N.
Non-custodial Parent Signature:	Date: