



Undergraduate Financial Aid

Box 591, 330 Alexander St.
Princeton, NJ 08542-0591
T 609.258.3330
F 609.258.0336
E pfaa@princeton.edu
finaid.princeton.edu

Non-custodial Parent's Form 2026–27 Academic Year

Student Information

Name: _____ DOB: _____

PUID (for current students) or App Reference # (for applicants): _____

Instructions: This form should be completed by the non-custodial parent of the student listed above as part of the Princeton Financial Aid Application. In the event that the custodial parent is not currently married, it is Princeton's policy to require both parents' information to determine family resources and calculate a family contribution. Determination of need for financial aid will be based on an evaluation of information from both parents. A signed copy of the non-custodial parent's 2024 federal income tax return including all statements, along with W-2 statements, Schedule K-1s, and/or business returns, if applicable, is also required.

All fields are required. Please do not leave any questions blank. Incomplete forms will not be reviewed.

Upload the completed form through the secure [Financial Aid Document Upload](#) for non-custodial parents of a student or applicant.

Non-custodial Parent Information

☐ Mother

☐ Father

Name: _____
FIRST and LAST AGE

Address: _____
NUMBER and STREET / APT. NO.

CITY STATE ZIP CODE COUNTRY

Telephone: _____ Email: _____
AREA CODE / NUMBER

Occupation: _____
TITLE EMPLOYER # YEARS

Year of separation (if applicable): _____ Year of divorce (if applicable): _____

Household Information

Family Size: Number of people in the non-custodial parent's household, including spouse and other dependents. **Do not include the student applicant.**

Private elementary and secondary school tuition paid by parent in 2025–26. **Do not include amount paid for the applicant.**

For how many students?

Anticipated undergraduate college expenses paid by non-custodial parent in 2026–27 for children (**EXCLUDING the applicant**) who will be enrolled at least half-time.

For how many children?

How much do you plan to contribute toward the applicant's 2026–27 college expenses?

\$ _____

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 2024 year? If no, skip Taxable Income questions. ☐ Yes ☐ No

If no, enter the amount of 2024 wage income from W-2s, 1099s, cash payments, etc. _____

Parent's Taxable Income

Do not double report income in multiple categories.

2024

2025 (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

2024

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 2024 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

2024

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, excluding the student's custodial household _____

Total alimony paid by non-custodial parent
to another household not reflected on the 2024 taxes _____

Medical and dental expenses not reimbursed by insurance _____

Parent's Assets

Report the value of all parental assets and investments held in any country as of today's date.

Cash, savings, and checking accounts _____

(assets continued)

Investments (stocks, bonds, money market funds, college savings plans, cryptocurrency, etc.). Report the total value of all investments for which the parent is the beneficiary or account holder. This amount should include the value of all assets held by the parent, regardless of their designated beneficiaries. For educational savings plans, the value is the account balance at the time the financial aid application is completed. The value of a prepaid tuition plan is the "refund" value of any tuition credits or certificates purchased. The refund value is the amount the owner would receive if the account were liquidated.

Don't include retirement plans reported below.

Total value for all trusts for which you are a beneficiary (regardless of whether you have ever received a distribution)

Number of trusts for which you are a beneficiary

Please note, if there is more than one trust, once the application is submitted, you will need to submit the name of each trust, the total value, and the number of beneficiaries for each trust through the secure [Financial Aid Document Upload](#) site.

Number of beneficiaries of the trust(s)

Even if the beneficiaries have not in the past or are not currently receiving distributions.

Current value of qualified retirement, pension, 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 Current amount owed

Monthly mortgage payment (including property taxes and insurance)

Does your primary home have a unit that has its own entrance, kitchen, and bath that is currently rented out? ☐ Yes ☐ No

If yes, what is the percent of home rented out

☐ Other, please explain

Market value of monthly rent

Even if you do not pay monthly rent, please provide the current market value of your living arrangement. Number value must be greater than zero.

Real Estate (Secondary)

List all real estate owned by you excluding your primary residence, if owned. Include vacation properties, rental real estate, inherited property, land holdings, etc. regardless of whether the property is income generating. **Please attach additional pages to include information about additional real estate.**

Address: Street

City

State

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 information about other businesses.

Type of business: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

Name of business: _____

Nature of product or service: _____

Total market value of business (the fair market value
If the business were sold to another party. This should
include all assets owned by the business: real estate,
land, buildings machinery, equipment, inventories, etc.) _____

Total amount owed on business (this should
include the current amount owed for mortgage
and related debts for which the business was
used as collateral. Do not include personal
loans, consumer loans, or other debts.) _____

Percent of your share in the business _____ Number of full-time equivalent employees _____

On which tax form(s) is the income for the business reported? Check all that apply.

The appropriate tax documents for each business must be included in the documents provided for the financial aid review.

- ☐ Form 1040, Schedule C - Profit or Loss from Business ☐ Form 1040, Schedule E - Supplemental Income or Loss
☐ Form 1120, U.S. Corporation Income Tax Return ☐ Form 1120-S, U.S. Income Tax return for an S Corporation
☐ Form 1065, U.S. Return of Partnership ☐ Other: _____
☐ None, please explain: _____

Does the business own any real estate? ☐ Yes ☐ No

Business Real Estate #1 Please attach additional pages to include information about additional business real estate.

Address: _____
Street

City State Zip Country

Year of purchase _____

Purchase price _____ Current market value* _____ Current amount owed* _____

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

Farm Information (if applicable)

Please attach additional pages to include information about other farms.

Name of farm: _____

Nature of product or service: _____

Total market value of farm (the fair market value
If the farm were sold to another party. This should
include all assets owned by the farm: real estate, land,
buildings machinery, equipment, inventories, etc.) _____

Total amount owed on farm (this should
include the current amount owed for mortgage
and related debts for which the farm was
used as collateral. Do not include personal
loans, consumer loans, or other debts.) _____

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 the business reported? Check all that apply.
The appropriate tax documents for each farm must be included in the documents provided for the financial aid review.

☐ Form 1040, Schedule F - Profit or Loss from Farming

☐ Form 1040, Schedule E - Supplemental Income or Loss

☐ Form 1120, U.S. Corporation Income Tax Return

☐ Form 1120-S, U.S. Income Tax return for an S Corporation

☐ 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 additional pages to include information about additional farm real estate.

Address: _____
Street

City

State

Zip

Country

Year of purchase _____

Purchase price _____ Current market value* _____ Current amount 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 2025–26 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 2026–27.

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, 2025 edition*)

☐ *I certify that the information contained within this document and all enclosures is complete 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.*

☐ *I understand that the Undergraduate Financial Aid Office may speak with the student about the non-custodial parent form and potentially missing documents. The Undergraduate Financial Aid Office will not share the non-custodial parent's form or tax information with the student.*

Non-custodial Parent Signature: _____ Date: _____