

# Avenues New York

## NON-CUSTODIAL PARENT INFORMATION FORM

(Must be completed if only one parent completes the Parents' Financial Statement through School and Student Services)

Applicant's Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

1. Is the applicant's non-custodial parent deceased? ☐ Yes ☐ No

(If no, please complete the remainder of this questionnaire.)

2. Are you a single parent by choice (i.e. adoption or fertility treatment)? ☐ Yes ☐ No

(If no, please complete the remainder of this questionnaire.)

3. Do you know the whereabouts of your child's non-custodial parent? ☐ Yes ☐ No

If yes, what is the nature and frequency of contact? \_\_\_\_\_

If no, what was the last date of contact? \_\_\_\_\_

4. Are the applicant's biological parents separated or divorced? ☐ Yes ☐ No

If yes, do you receive child support? ☐ Yes ☐ No

If yes, what is the yearly amount received for this child? \_\_\_\_\_

If yes, please provide a copy of a court document, e.g. divorce decree, custody agreement, legal separation agreement, etc. specifying the role and responsibilities of both parents.

5. Please check one of the two statements below:

☐ I understand that my child's financial aid application will be deemed incomplete until information for the second parent is received. Information for any step-parents in either household is also required. I further understand it is my responsibility to provide additional parent information to Avenues by **the financial aid due date (see below)**.

☐ I request that Avenues waive the requirement of obtaining financial documentation from my child's non-custodial parent. I either do not know the whereabouts of my child's non-custodial parent or do not have contact with him or her. I have provided an explanation below, as well as letter of verification from a third-party (e.g., a school counselor, attorney, clergyperson, colleague, employer or other non-relative) explaining and confirming the nature of the relationship between the child and the non-custodial parent.

**Third-Party Verification** provided by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Relationship to Applicant

### Custodial Parent's Request for Waiver Statement:

Please use the attached page or attach a separate letter. Make sure to sign and date your statement.

I attest that all the information provided is true and accurate. I understand that misrepresentation of the information requested could lead to a revocation of any financial aid grants awarded.

Signature of Custodial Parent: \_\_\_\_\_ Date: \_\_\_\_\_

