2015-2016 Child Support Paid Verification Form

STUDENT INFORMATION

Last Name  First Name  MI  Social Security Number

Permanent Address (include Apt No)  Date of Birth

City  State  Zip Code  Phone Number

Email Address

PARENT INFORMATION

Parent 1 Last Name  First Name  MI  Parent 2 Last Name  First Name  MI

The information requested on this form is needed to process your application for financial aid for the 2015-2016 academic year. On the 2015-2016 Free Application for Federal Student Aid (FAFSA), you indicated that you, your spouse, or your parent, paid child support in calendar year 2014. You have been selected to verify these amounts paid in 2014.

DO NOT include support for children in your household as reported on the Verification Worksheet.

If no child support was paid by you, your spouse, or your parent in 2014, please indicate not applicable above and sign and submit this form to the financial aid office. A correction will be made to your FAFSA accordingly.

NOTE: If we have reason to believe the information reported is inaccurate, we may require additional documentation.

By signing, I certify that all of the information reported is complete and correct. WARNING: if you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

STUDENT (and/or SPOUSE, if applicable) WHO PAID CHILD SUPPORT

NAME OF PERSON WHO MADE THE CHILD SUPPORT PAYMENT  □ NOT APPLICABLE

NAME OF PERSON TO WHOM CHILD SUPPORT WAS PAID  NAME OF CHILD FOR WHO CHILD SUPPORT WAS PAID  AMOUNT PAID

NAME OF PERSON WHO MADE THE CHILD SUPPORT PAYMENT  □ NOT APPLICABLE

NAME OF PERSON TO WHOM CHILD SUPPORT WAS PAID  NAME OF CHILD FOR WHO CHILD SUPPORT WAS PAID  AMOUNT PAID

NAME OF PERSON TO WHOM CHILD SUPPORT WAS PAID  NAME OF CHILD FOR WHO CHILD SUPPORT WAS PAID  AMOUNT PAID

PARENT LISTED ON FAFSA WHO PAID CHILD SUPPORT

NAME OF PERSON WHO MADE THE CHILD SUPPORT PAYMENT  □ NOT APPLICABLE

NAME OF PERSON TO WHOM CHILD SUPPORT WAS PAID  NAME OF CHILD FOR WHO CHILD SUPPORT WAS PAID  AMOUNT PAID

NAME OF PERSON TO WHOM CHILD SUPPORT WAS PAID  NAME OF CHILD FOR WHO CHILD SUPPORT WAS PAID  AMOUNT PAID

NAME OF PERSON TO WHOM CHILD SUPPORT WAS PAID  NAME OF CHILD FOR WHO CHILD SUPPORT WAS PAID  AMOUNT PAID

If no child support was paid by you, your spouse, or your parent in 2014, please indicate not applicable above and sign and submit this form to the financial aid office. A correction will be made to your FAFSA accordingly.

NOTE: If we have reason to believe the information reported is inaccurate, we may require additional documentation.

By signing, I certify that all of the information reported is complete and correct. WARNING: if you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student Signature  Date  Parent Signature  Date