DCS

Financial Aid Office

2016-2017 Dependent Student Child Support Paid Form

Student's Name:_

Student ID #:_

You indicated on your FAFSA that your parent(s) paid child support to another household during 2015. Please complete the information below. <u>**Do not**</u> include support for children included in your household as reported on the FAFSA.

My parent(s) paid child support to another household during 2015 (please check one):

If Yes, complete the next section, sign and return the form.

No

• If No, skip the next section, sign and return the form.

Yes

Child Support Paid by (Parent/Step- parent Name):	Name of Child	Age of Child	Child Support Paid to (Name):	Total Amount of Child Support Paid in 2015	Payer Signature (Parent/Step-parent)
				\$	
				\$	
				\$	

Note: If we have reason to believe that the information regarding child support paid is not accurate, additional information may be required.

Certification

All of the information on this form is true and complete to the best of my/our knowledge. If asked by an authorized official, I/we agree to provide whatever documentation may be necessary to verify the information listed above.

Student's Signature

Date

Parent's Signature

Date

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