

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. **Do not** 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):

Yes       No

- If Yes, complete the next section, sign and return the form.
- If No, skip the next section, sign and return the form.

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