



Date: _____ Student ID: _____
 Last Name: _____ First Name: _____
 Phone Number: _____ Email Address: _____

List the child support paid during the calendar year 2016. **DO NOT LEAVE ANY BLANKS.**

Dependent Students: Complete this form if one or both of your parents **paid** child support in 2016.

Independent Students: Complete this form if you or your spouse (if married) **paid** child support in 2016.

Please note that the child for whom the support was paid should not be included in the household size on the FAFSA.

Name of person(s) who PAID child support	Name of person(s) to whom child support was paid	Name(s) and Age(s) of child(ren) for whom child support was paid	Total amount of child support paid in 2016
			\$
			\$
			\$

**If you need additional space, please write in the space below or on the back of this form*

Note: If we have reason to believe the information regarding child support paid is not accurate, we may require additional documentation, such as:

- A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- A signed statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks, money order receipts, or similar records of electronic payments made.

CERTIFICATION

By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all financial assistance.

 Student Signature Date

 Parent Signature (Required for Dependent Students) Date