



**2020-2021 Verification - Child Support Paid/Received
Federal Student Aid Programs**

Student's Full Name: _____ Student ID: **R** _____
(Please Print)

You indicated that you (the student) or a member of your household (spouse - if married, or parent(s) - if dependent) has **paid/received** child support during the 2018 tax year. Per federal guidelines, we are required by the US Department of Education to verify the amount paid/received as well as the child(ren) you paid/received the support for.

Please read the information below carefully and answer accordingly

- No one paid/received child support in 2018, there was a mistake made on my 2020-2021 FAFSA and **NO ONE** in the student's household paid/received child support in 2018.
- Yes, a member of the student's household (spouse – if married, or the parent(s) – if dependent), **paid/received** child support in 2018. – Must submit a statement from the Child Support Agency for each child listed. This statement must be directly from the Child Support Agency whom handled the child support case(s). Request January 1, 2018 through December 31, 2018.

If you answered “Yes” above, please complete the table below:

The table should include:

- **Name(s) of the individual(s) who paid the child support**
- **Name(s) of the individual(s) to whom the child support was paid to**
- **Name(s) of the child(ren) and age for whom the child support was paid for**

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid To	Name of Child and Age for Whom Child Support was Paid For
<i>(example) John Nightengail</i>	<i>Jenny Turnmire</i>	<i>Joshua Nightengail, 6</i>

***If additional space is needed, attach a separate page with your Name and R# to this form.*

By signing this worksheet, we certify that the information reported on it is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature _____ Date

Spouse's Signature (if married) _____ Date

Parent's Signature (if dependent) _____ Date