



Office of Student Financial Aid

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www.subr.edu

2015-2016 Child Support Paid Verification Form

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Student Name _____

CWID _____

E-mail _____

Phone# _____

Independent Student:

1. You reported on your 2015-2016 FAFSA that you **and/or** your spouse **paid Child Support** in year 2014. If so, please complete the following:

_____ Either I, or (*if married*) my spouse paid child support in 2014. I have indicated below the name of the individual who paid the child support, the name of the individual to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2014 for each child. If asked by the school, I will provide documentation of the payment of child support. *If additional space is needed, attach a separate page that includes your name and Student ID No. at the top.*

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2014
<i>Marty Jones</i>	<i>Chris Smith (example)</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

Dependent Student:

1. You reported on your 2015-2016 FAFSA that one or both of your parents **paid Child Support** in year 2014. If so, please complete the following:

_____ One (or both) of my Parents paid child support in 2014. Your parent must indicate below the name of the individual who paid the child support, the name of the individual to whom the child support was paid, the name(s) of the children for whom child support was paid, and the total annual amount of child support that was paid in 2014 for each child. If asked by the school, your parent must provide documentation of the payment of child support. *If additional space is needed, attach a separate page that includes your name and Student ID No. at the top.*

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2014
<i>Marty Jones</i>	<i>Chris Smith (example)</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

Signatures: This form must be signed by the student (if independent) or by the student and at least one parent (if dependent).

By signing this worksheet, we certify that all the information reported to qualify for federal student aid is complete and correct. We also certify that we understand that the Office of Financial aid may request additional information to verify information reported on this form.

Student's Name (print)

Signature

Date

Spouse's Name (if married) - Optional

Signature

Date

Parent's Name (if Dependent) (print)

Signature

Date

WARNING: Purposely providing false or misleading information on this form may result in a fine, imprisonment, or both.