

## 2019-2020 Verification of Child Support

**Student Name (please print)**

**CSUID**

On your FAFSA you indicated that you (or your spouse, if married) paid child support in 2017. Please check all that apply.

**Do not leave any sections blank. If none, list \$0. Incomplete forms will be returned.**

- I **PAID** child support for the following child(ren) in 2017. They do not live in my household and are not listed in the household on my FAFSA.

| NAME OF CHILD(REN)<br>FOR WHOM CHILD<br>SUPPORT WAS PAID | TOTAL DOLLAR AMOUNT<br>PAID IN 2017 FOR EACH<br>CHILD LISTED | NAME OF THE PERSON TO<br>WHOM YOU PAID CHILD<br>SUPPORT IN 2017 |
|--|--|---|
|  | \$   |   |
|  | \$   |   |
|  | \$   |   |

- I **RECEIVED** child support for the following child(ren) in 2017. List the total amount of child support received by student/spouse in 2017.

| NAME OF CHILD(REN)<br>FOR WHOM CHILD SUPPORT WAS <u>RECEIVED</u><br><i>Do not include foster care or adoption payments</i> | TOTAL AMOUNT<br>RECEIVED IN<br>2017 |
|--|-------------------------------------|
|  | \$                                  |
|  | \$                                  |
|  | \$                                  |

- I (and my spouse, if married) **DID NOT PAY** child support in 2017..

**STUDENT AND SPOUSE SIGNATURES:**

All information provided on this form is true and correct, and all fields are completed.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse Signature (if applicable) \_\_\_\_\_

Date \_\_\_\_\_