

**Please return this form to:**

Wilmington College 937.382.6661  
 Pyle Center Box 1184 800.341.9318 x600  
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 Wilmington, OH 45177 sos@wilmington.edu  
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## 2019-2020 DEPENDENT CHILD SUPPORT PAID VERIFICATION

### SECTION A: STUDENT INFORMATION

STUDENT NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

Your application has been selected for Verification. We are required by federal law (34 CFR, Part 668) to compare the information from your Free Application for Federal Student Aid (FAFSA) with the information provided on this form. It was indicated on the FAFSA that a member in your parent(s)' household PAID Child Support sometime during 2017.

**PLEASE NOTE:**

- ✓ We cannot continue processing your financial aid until all required financial aid documents have been submitted.
- ✓ All required documents must be returned to our office within two weeks.
- ✓ We will update your FAFSA, if needed, based on the information provided on this form.

### SECTION B: CHILD SUPPORT PAID

THE INSTRUCTIONS BELOW APPLY TO EACH HOUSEHOLD MEMBER [INCLUDING PARENT(S)] AS REPORTED ON THE FAFSA.

- 1. DID YOU OR YOUR PARENT(S)/STEP-PARENT(S) PAY CHILD SUPPORT IN CALENDAR YEAR 2017? DO NOT INCLUDE SUPPORT FOR CHILDREN INCLUDED IN YOUR HOUSEHOLD ON THE FAFSA.**

**AN ANSWER  
IS REQUIRED**

 NO

I nor my parent(s)/step-parent(s) PAID child support in calendar year 2017.

**I answered the questions in error.** Please update my FAFSA accordingly.

 YES

**ATTACHED is a Child Support Payment History Report** from the Child Support Enforcement Agency for the period between 1/1/2017 to 12/31/2017.

- 2. PLEASE LIST BELOW:**

- ⇒ the name(s) of the person(s) who paid the child support,
- ⇒ the name(s) of the person(s) to whom the child support was paid,
- ⇒ the name(s) of the child(ren) for whom the child support was paid, and
- ⇒ the total ANNUAL amount of child support that was paid in 2017 for each child.

- IF MORE SPACE IS NEEDED, PROVIDE A SEPARATE PAGE WITH THE STUDENT'S NAME AND ID NUMBER AT THE TOP.

NAME OF PERSON WHO PAID CHILD SUPPORT	NAME OF THE PERSON TO WHOM CHILD SUPPORT WAS PAID	NAME OF THE CHILD FOR WHOM SUPPORT WAS PAID	ANNUAL AMOUNT OF CHILD SUPPORT PAID IN 2017

### SECTION C: CERTIFICATION

*By signing this form, I certify the information on the form and any attachments are accurate and complete to the best of my knowledge and that there is no forgery of signature(s). The information supplied on this form supersedes that which was provided on the FAFSA. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.*

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_