Suffolk
COUNTY COMMUNITY COLLEGE

Office of Financial Aid

V3 CHILD SUPPORT PAID VERIFICATION WORKSHEET 2014-2015

_____ _____

Student's Name (please print) SCCC ID#

The purpose of this form is to verify child support paid out by a member of your household to a child(ren) in another household, as reported on your FAFSA. Please check the appropriate box(es) below and follow the instructions:

☐ Dependent Students – The parent(s) with whom I reside paid child support for a child(ren) in another household in 2013 (provide information in section below).

☐ Independent Students – The student and/or spouse reported on the FAFSA paid child support in 2013 (provide information in section below).

Name of person in your household who paid child support	Name of person to whom child support was paid	Name(s) of child(ren) for whom child support was paid	Amount of child support paid in 2013
			$
			$
			$
			$
			$

If the Financial Aid Office has reason to believe that the information regarding child support paid is not accurate we may require additional documentation.

By signing this worksheet, I (we) certify that all of the information reported on this worksheet is complete and correct.

Dependent Student – the student and one parent must sign.

Student _____ Date _____

Parent _____ Date _____

Independent Student – the student and/or spouse (if married) must sign.

Student _____ Date _____

Spouse _____ Date _____

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