

# COLLEGE OF THE OUACHITAS

Financial Aid Office, One College Circle, Malvern, AR 72104  
Phone (501) 337-5000 Fax (501)337-9382

## 2016-2017 Verification of Child Support Paid

Student Name: \_\_\_\_\_ College ID/SSN: \_\_\_\_\_

The FAFSA you submitted indicates someone in the household paid child support in 2015. List below the names of the person who paid the child support, the names of the person to whom the child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child. Children for whom child support was paid should not be included in number of household members reported on the FAFSA.

Did you or any member of your household (your parent's household if you are a dependent student) pay child support because of divorce or separation or as a result of a legal requirement during 2015?

\_\_\_\_ Yes, complete the chart below sign and return to the Financial Aid Office; or

\_\_\_\_ No, sign and return to the Financial Aid Office

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child Whom Support was Paid	Amount of Child Support Paid in 2015
			\$
			\$
			\$

If more space is needed, provide a separate page that includes the student's name and ID number at the top.

**NOTE:** if we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation, such as:

- A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- A statement from the individual receiving the support certifying the amount of child support received; or
- Copies of the child support payment checks or money order receipts.

I certify that the above information is true and correct to the best of my knowledge. I understand that if improperly completed, I may have to resubmit this or a new form with necessary corrections. I understand that purposely providing false or misleading information on this form may result in a denial or repayment of financial aid and possible federal prosecution.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE (if dependent)

\_\_\_\_\_  
DATE