



2016-2017 Child Support Paid Form

This form cannot be faxed. Return this form to the address below.

Labette Community College
Financial Aid
200 South 14th · Parsons, KS 67357
(620) 421-6700

Your FAFSA was selected for a review process called "VERIFICATION." Return this Form with documents attached, if required. If you do not complete the verification process, you forfeit federal student aid eligibility, including student loans. Aid will not disburse if verification is not complete.

Student's Name _____

Student ID or Social Security Number _____

Yes_____ No_____ Did you, your spouse (if married) or your parent(s) (if dependent) pay child support during the year 2015?

If you, your spouse (if Married) or Parent(s) (if dependent), who is a member of the student's household, paid child support in 2015, provide in the space below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names and ages 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.

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

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name and Age of Child for Whom Support Was Paid	Annual Amount of Child Support Paid in 2015
Total Amount of Child Support Paid			\$

Note: If we have reason to believe that the information regarding child support paid is inaccurate, we may require additional documentation, such as:

- A signed statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made.

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. (If Dependent)

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Print Student's Name

Student's ID Number

Student's Signature

Date

Parent's Signature

(Dependent Students Only)

Date 1/1 CSPF 16-17