

2016-2017 Child Support PAID Verification Form

You must complete this form if you or your spouse, if married, or your parent(s), if dependent, reported paying child support in 2015 on your Free Application for Federal Student Aid (FAFSA).

Student Name: _____ TCTC ID#: _____

No, neither I nor my spouse, if married, or my parent, if dependent, PAID child support in 2015. *(Mark the box and skip to signatures below)*

INDEPENDENT STUDENTS: Complete this section if **you or your spouse PAID** child support in 2015.

Yes, either I, or if married, my spouse, PAID child support in 2015. I have indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2013 for each child. If asked by my school, I will provide documentation of the payment(s) of child support. *If you need more space, attach a separate page that includes your name and TCTC ID# at the top.*

| Name of CHILD for whom it was paid | AGE of CHILD | AMOUNT paid (ANNUALLY) | Name PAYING support | Name RECEIVING Support |
|------------------------------------|--------------|------------------------|---------------------|------------------------|
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DEPENDENT STUDENTS: Complete this section if **one of your parents PAID** child support in 2015.

One (or both) of my parents PAID child support in 2015. The parent has indicated below the name of the person who PAID the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2015 for each child. If asked by the school, I will provide documentation of the payment of child support. *If you need more space, attach a separate page that includes the student's name and TCTC ID# at the top.*

| Name of CHILD for whom it was paid | AGE of CHILD | AMOUNT paid (ANNUALLY) | Name PAYING support | Name RECEIVING Support |
|------------------------------------|--------------|------------------------|---------------------|------------------------|
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Certification and Signatures

EACH PERSON signing this worksheet certifies that all of the information reported on it is complete and correct.

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

Student's Signature

Date

Spouse's Signature (if applicable) or Parent's Signature (if dependent)

Date

Please return this completed form to: TCTC Financial Aid Office, PO Box 587, Pendleton, SC 29670 or FAX to 864-646-1650.