



Please return this form to:
 Wilmington College 937.382.6661
 Pyle Center Box 1184 800.341.9318 x600
 1870 Quaker Way wilmington.edu
 Wilmington, OH 45177 sos@wilmington.edu
 937.383.8564 f

2019-2020 INDEPENDENT CHILD SUPPORT RECEIVED 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 household RECEIVED Child Support sometime during calendar year 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 AS REPORTED ON THE FAFSA.

1. DID YOU (OR IF MARRIED, YOUR SPOUSE) RECEIVED CHILD SUPPORT IN CALENDAR YEAR 2017?



- NO
- YES

I nor my spouse RECEIVED child support in calendar year 2017. I answered the question in error. Please update my FAFSA accordingly.

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

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

NAME OF PERSON WHO RECEIVED CHILD SUPPORT	NAME OF THE CHILD FOR WHOM SUPPORT WAS RECEIVED	ANNUAL AMOUNT OF CHILD SUPPORT RECEIVED 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: _____
 SPOUSE'S SIGNATURE: _____ DATE: _____