



2019-20 VERIFICATION OF CHILD SUPPORT PAID

Your FAFSA was selected by the Federal Processor for **Verification of Child Support Paid in 2017**. Complete the applicable section and sign below.

Student's Name _____

Student ID _____

DEPENDENT STUDENTS

- One or both parents included in the household and/or the student paid child support in 2017. Provide in the space below the name of the person who paid child support, the name of the adult(s) to whom the child support was paid, the names and ages of the children for whom child support was paid, and the total annual amount paid in 2017 for each child. Children for whom child support was paid should not be included as members of your household on your FAFSA.

Name of Person Who Paid Child Support	Name of Adult to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Age of Child	Amount of Child Support Paid in 2017

- Neither the parents who are included in the household nor the student, paid child support in 2017.

INDEPENDENT STUDENTS

- The student or spouse who was included in the student's household on the FAFSA paid child support in 2017. Provide the names of the person who paid child support, the names of the adult(s) 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 paid in 2017 for each child. Children for whom child support was paid should not be included as members of your household on your FAFSA.

Name of Person Who Paid Child Support	Name of Adult to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Age of Child	Amount of Child Support Paid in 2017

- Neither the student nor the spouse who is included in the household, paid child support in 2017.

Certification and Signature

Each person signing below certifies that all of the information reported is complete and accurate.

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

Student's Signature _____

Date _____

Parent's Signature _____

Date _____

Student's signature is required for all. Parent's signature is required only for dependent students.

Return to:
Carlow University
Student HUB - Financial Aid Office
3333 Fifth Avenue
Pittsburgh, PA 15213
Fax 412-578-6689
finaid@carlow.edu