



Solano Community College
Office of Financial Aid

Child Support *Paid* Statement - 2015-2016

Student: Last Name, First Name, M.I. _____

SCC ID# _____

Address (include apt. no.) _____

Date of Birth _____

City State ZIP Code _____

Phone Number (include area code) _____

*This statement is to be completed if the student, spouse or parent (if the student is dependent) **paid** child support in 2014. (Only include persons in the household and on the FAFSA who paid child support).*

- Independent or Dependent Student:**
No child support was paid in 2014. Complete certification below.
- Independent Student:**
I the student, or if married my spouse paid child support in 2014. Complete the chart and certification below.
- Dependent Student:**
My parent paid child support in 2014. Complete the chart and certification below.

Please fill in the following information (if more space is needed attach on a separate sheet of paper):

Name of person who paid child support	Name of person to whom child support was paid	Name of child for whom child support was paid	Annual amount of child support paid in 2014
<i>Nora Jones (example)</i>	<i>Sara Jones</i>	<i>Mario Jones</i>	<i>\$6,000 per yr.</i>
			<i>per yr.</i>
			<i>per yr.</i>
			<i>per yr.</i>

WARNING: If you purposely give false or misleading information on this worksheet, you will be reported to the Department of Education. You may be fined, sentenced to jail, or both.

CERTIFICATION:
BY SIGNING THIS FORM, I CERTIFY THAT ALL THE INFORMATION REPORTED ON THIS FORM IS TRUE AND ACCURATE.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____
(Dependent Students only)

Attn: Faxed copies will not be accepted. Originals must be submitted.