2019-20 VERIFICATION OF CHILD SUPPORT

You/your spouse or your parents (if dependent student) have reported a value for child support paid on your 2019-20 FAFSA. If you reported child support paid for a child or children not included in your household size, review the definition below of child support paid, then supply the information requested in the box. If the amount reported was in error, check the box confirming that the amount reported was in error, sign the form, and return it to our office.

NOTE: Child Support paid IS NOT the same as Child Support received. This form should only be used to indicate amounts you PAID in Child Support.

Child Support IS:
• Money paid by student/spouse OR by a dependent student’s parent(s) to a separated or divorced spouse or partner to help with the support of the child/children for a child/children NOT living in the same household as the student.

Child Support IS NOT:
• Money paid by student/spouse or by a dependent student’s parent(s) for day care expenses.
• For children living in the same household as the student.

STATEMENT OF SUPPORT PAID

Name of Person who PAID Child Support in 2017:____________________________________________________

Relationship to Student (Self, Spouse, Parent):_______________________________________________________

In the chart below, provide the names of the child/children for whom support was paid, the name of the person the support was paid to, and the total ANNUAL amount paid for each child in 2017.

<table>
<thead>
<tr>
<th>Name of Child Support Paid FOR</th>
<th>Name of Person Support Paid TO</th>
<th>TOTAL Amount Paid in 2017</th>
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Check here if there was a reporting error on the FAFSA, and there was NO Child Support Paid in 2017.

CERTIFICATION

I certify that that all reported information is complete and accurate to the best of my knowledge. WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Signature of Person who Paid Child Support_________________________________________ Date _____________

Student Signature (if different than above)_________________________________________ Date _____________

Student Phone #_________________________ Email _________________________________

Return this form to Cal Maritime Financial Aid Office.
We do not accept forms by email.