UNIVERSITY OF
ST FRANCIS

# VERIFICATION OF CHILD SUPPORT PAID
# 2019-2020

**Student's Name: _____ USF ID or SSN: _____**

To continue processing your application for financial assistance, the following information is required. Please provide the information below regarding the amount of child support **paid by you, your spouse and/or your parents in 2017**. List below the full names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names and ages of the children for whom the child support was paid. You will also report the total annual amount of child support that was paid in 2017 for each child. Contact Financial Aid Services if you have any questions regarding the requested information.

| Name of Person Who Paid Child Support | Name of Person to Whom Child Support was Paid | Name and Age of Child for Whom Support Was Paid | Annual Amount of Child Support Paid in 2017 |
|---|---|---|---|
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |

**Total Amount of Child Support Paid in 2017** $ _____

NOTE: If we have reason to believe that the information regarding child support paid is inaccurate, we may require additional documentation, such as:

- A signed statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made.

**I/We certify the above information to be true and correct to the best of our knowledge.**

_____ _____
Student's Signature Date Parent (1) Signature Date

_____ _____
Spouse's Signature Date Parent (2) Signature Date

Please return the completed form to:

**Financial Aid Services**
500 Wilcox Street Joliet, IL 60435 | finaid@stfrancis.edu
(815) 740-3403 | Toll-free: (866) 890-8331 | Fax: (815) 740-3822