



**VERIFICATION OF CHILD SUPPORT RECEIVED
2019-2020**

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

To continue processing your application for financial assistance, the following information is required. Please have your family complete the chart below regarding the amount of child support **received by you, your spouse and/or parents during 2017**. List below the full name of each child and the total amount received. Please feel free to contact Financial Aid Services if you have any questions regarding this information.

Name of Person who Received Child Support: _____

| |
|---|
| <p>For the person listed above, indicate the Child Support Received in 2017 for each dependent child listed below.</p> <p>Received for (Child's Name): _____</p> <p>Amount per month \$ _____ x # Months _____ = Total \$ _____</p> <p>Received for (Child's Name): _____</p> <p>Amount per month \$ _____ x # Months _____ = Total \$ _____</p> <p>Received for (Child's Name): _____</p> <p>Amount per month \$ _____ x # Months _____ = Total \$ _____</p> <p>Received for (Child's Name): _____</p> <p>Amount per month \$ _____ x # Months _____ = Total \$ _____</p> <p>Total Child Support Received in 2017 for all household children \$ _____</p> <p><i>For additional children, please report on the reverse side of this form.</i></p> |
|---|

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