UNIVERSITY OF
ST FRANCIS

VERIFICATION OF CHILD SUPPORT PAID
2020-2021

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 2018**. 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 2018 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 2018
			$
			$
			$
			$
			$

Total Amount of Child Support Paid in 2018 $ _____

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

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