



Independent Child Support Paid Verification

A. STUDENT INFORMATION (For institutional identification purposes)

| | | | | |
|--------------------------|---------------|------|-------------------|-----|
| LAST NAME | FIRST NAME | M.I. | STUDENT ID NUMBER | |
| ADDRESS (INCLUDE APT. #) | | CITY | STATE | ZIP |
| DATE OF BIRTH | EMAIL ADDRESS | | PHONE NUMBER | |

B. Child support paid information – All lines MUST be complete.

Central Piedmont Community College's Financial Aid Office considers child support paid by the student or the student's spouse in the last *calendar year* (January 1 through December 31).

This form must be accompanied by verification of child support paid. Acceptable documentation would be a copy of the separation agreement or divorce decree that shows the amount of child support to be paid, a signed statement from the individual receiving the child support verifying the amount received in the last calendar year, copies of the cancelled child support checks, money order receipts, or similar records of electronic payments having been made.

Student

Did you pay child support? No. Yes. If yes, please certify the following:

| | | |
|---|-------------------|---------------|
| _____ | \$ _____ | _____ |
| Name of Person to Whom Child Support was Paid | Yearly Total Paid | Name of Child |
| _____ | \$ _____ | _____ |
| Name of Person to Whom Child Support was Paid | Yearly Total Paid | Name of Child |

**If you need additional space, please include your written information with this form.*

Spouse

Did you pay child support? No. Yes. If yes, please certify the following:

| | | |
|---|-------------------|---------------|
| _____ | \$ _____ | _____ |
| Name of Person to Whom Child Support was Paid | Yearly Total Paid | Name of Child |
| _____ | \$ _____ | _____ |
| Name of Person to Whom Child Support was Paid | Yearly Total Paid | Name of Child |

**If you need additional space, please include your written information with this form.*

For your convenience, **please list payments made last year below and attach documentation.**

| Name of Person Paid | Name of Child(ren) | Month Paid | Amount Paid |
|---------------------|--------------------|---------------------------------|-------------|
| | | January | \$ |
| | | February | \$ |
| | | March | \$ |
| | | April | \$ |
| | | May | \$ |
| | | June | \$ |
| | | July | \$ |
| | | August | \$ |
| | | September | \$ |
| | | October | \$ |
| | | November | \$ |
| | | December | \$ |
| | | Total Yearly Amount Paid | \$ |

By signing this worksheet, I (we) certify that all of the information reported on this worksheet is complete and correct. Warning: If you purposely give false or misleading information on this worksheet, you may be fined \$20,000, be sentenced to prison, or both.

STUDENT SIGNATURE

DATE

SPOUSE SIGNATURE *(If spouse paid child support)*

DATE

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.

*Financial Aid/Veteran's Affairs – Central Piedmont Community College – PO Box 35009 – Charlotte, NC 28235-5009
 Telephone: (704) 330-6942 Fax: (704) 330-5053*

You may submit, fax or mail your documents to any of our six locations.