CENTRAL PIEDMONT
COMMUNITY COLLEGE

Dependent Child Support Paid Verification (2025-26)

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

Student Information (Please Print)

Last Name: _____ First Name: _____

Middle Initial: _____ Student ID Number: _____

Student Email Address: _____

Street Address
(Include Apartment Number): _____

City: _____ State: _____ Zip Code: _____

Phone Number (Include Area Code): _____

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Child Support Not Paid

☐ I did not and my contributors did not pay child support.

Child Support Paid

☐ Either I or my contributors did pay child support

Central Piedmont Community College's Financial Aid office considers child support paid by the student or the student's custodial contributor in the prior tax year (January 1 through December 31).

Important: The child for whom the child support was paid **cannot** be a child included in the number in the household on the student's FAFSA.

If we have reason to believe the information regarding child support paid is inaccurate, we will ask you to attach verification. Acceptable documentation would be: a signed, notarized statement from the individual receiving the child support verifying the amount received for the year, copies of the cancelled child support checks, money order receipts or similar records of electronic payments having been made, or a pay stub (from the end of the tax year) showing the year-to-date child support wage garnishments/deductions/ withholdings.

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

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Payment Information

Who paid child support (indicate name)? _____

Relationship to you (the student): ☐ Self ☐ Contributor

Name of Person to Whom Child Support was Paid: _____

Name of Child: _____

Was this child included in the household on the student's FAFSA?

☐ Yes ☐ No

Age: _____ Yearly Total Paid $_____

Who paid child support (indicate name)? _____

Relationship to you (the contributor): ☐ Self ☐ Contributor

Name of Person to Whom Child Support was Paid: _____

Name of Child: _____

Was this child included in the household on the student's FAFSA?

☐ Yes ☐ No

Age: _____ Yearly Total Paid $_____

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Monthly Breakdown of Payments Made

For your convenience, please list all payments actually made (this may be different from court ordered amounts) last year.

Month Paid	Student Amount Paid	Contributor Amount Paid	Total Paid for Month
January	$	$	$
February	$	$	$
March	$	$	$
April	$	$	$
May	$	$	$
June	$	$	$
July	$	$	$
August	$	$	$
September	$	$	$
October	$	$	$
November	$	$	$
December	$	$	$

Total Yearly Amount Paid: $ _____

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Certification and Signature

Please provide your signature. If you are a dependent student, please also provide one contributor's signature whose information is listed on your FAFSA. By providing signature(s), you are certifying that all of the information on this form is complete and correct. You are also authorizing Central Piedmont Community College to make corrections to your original and/or subsequent applications based on the documents you are now submitting.

Student Signature: _____ Date: _____

Contributor Signature
(Dependent Students Only): _____

Date: _____