

EMPLID: _____

FV005X

DATE: _____

**CHILD SUPPORT VERIFICATION – INDEPENDENT**

Please check the appropriate box below to indicate if you or your spouse (if married), in the household, paid child support during the 2020 calendar year.

☐ Either I, or my spouse, paid child support during 2020.

☐ Neither I, or my spouse, paid child support during 2020.

If either the student, their spouse or parent paid child support during the 2020 calendar year, please provide:

- The name(s) of the individual(s) who paid the child support.
- The name(s) of the child (ren) for whom the child support was paid.
- The name of the individual to whom the child support was paid.
- The total annual amount of the child support that was paid in 2020 for each child.

Each individual who paid child support in 2020 must provide his/her signature below. If additional space is needed, attach a separate page with the student's name, social security number and the requested information.

Individual who paid child support	Child for whom support was paid	Individual to whom child support was paid	Amount of child support paid in 2020

Print Name_____
Signature_____
Date_____
Print Name_____
Signature_____
Date_____
Print Name_____
Signature_____
Date