

## 2016-2017 Child Support Paid Verification

USE BLACK OR DARK INK ONLY

On the Free Application for Federal Student Aid (FAFSA), you indicated that either you or your parent paid child support during the 2015 calendar year. To confirm details of what was paid, please complete and return this form to Boise State's Financial Aid and Scholarships Office.

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_  
(Print or type) Last name First name

**Student:** Did you (or if married, your spouse) pay child support in 2015?

- No  
 Yes. Please certify the following:

	<i>Name of Person Who Paid Child Support</i>	<i>Name of Person to Whom Child Support was Paid</i>	<i>2015 TOTAL Amount Paid for the Year</i>	<i>Name and Age of Child</i>
1.	_____	_____	\$ _____	_____
2.	_____	_____	\$ _____	_____
3.	_____	_____	\$ _____	_____

\*If you need additional space, please write on the back of this form.

**Before submitting, certify the validity of the above information and sign at the bottom of this page.**

**Parent(s) listed on FAFSA:** Did you (or if married, your spouse) pay child support in 2015?

- No  
 Yes. Please certify the following:

	<i>Name of Person Who Paid Child Support</i>	<i>Name of Person to Whom Child Support was Paid</i>	<i>2015 TOTAL Amount Paid for the Year</i>	<i>Name and Age of Child</i>
1.	_____	_____	\$ _____	_____
2.	_____	_____	\$ _____	_____
3.	_____	_____	\$ _____	_____

\*If you need additional space, please write on the back of this form.

**Before submitting, certify the validity of the above information and sign at the bottom of this page.**

**Required Signatures:** Your signature indicates that all information provided on this form is complete and correct. Additional information may be requested if further clarification is necessary, or to resolve conflicting information. By signing this document, I certify that the information reported is complete and correct. If I purposely give false or misleading information, I may be fined, sentenced to jail, or both.

\_\_\_\_\_  
Student Signature Phone Number Date

\_\_\_\_\_  
Parent Signature (if parent information was provided on FAFSA) Phone Number Date