

**2016-2017
STATEMENT OF CHILD SUPPORT PAID
BY STUDENT/SPOUSE**

Student Name: _____

Hope Student ID #: _____

Report the total amount of child support you and/or your spouse paid in 2015. Do NOT include amounts paid for children reported as being in your household on the FAFSA.

Name of person who paid child support: _____

NAME & AGE of CHILD For whom child support was paid	AMOUNT PAID IN 2015	TERMINATION DATE FOR CHILD SUPPORT
1.	\$	
2.	\$	
3.	\$	
4.	\$	

- Name of person to whom child support was paid: _____
- Home address of recipient: _____

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

My signature below certifies that all of the information reported is complete and correct.

Return this completed form to the address listed below.

**Signature of Student or Spouse
Who Paid Child Support to
Another Household:** _____

Date Signed: _____