

**2016-2017
STATEMENT OF CHILD SUPPORT
PAID BY PARENT**

Student Name: _____ **Hope Student ID #:** _____

Report the total amount of child support your parent or stepparent paid in 2015. Do NOT include amounts paid for children reported in your parent's 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 Parent Who Paid Child Support to Another Household: _____ **Date Signed:** _____