



Student Name: _____

Hope College ID Number: _____

Report the total amount of child support your parent or stepparent paid in 2020. 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 2020 | 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.

**Signature of
Parent Who Paid
Child Support to
Another
Household:** _____

**Date
Signed:** _____