



**Financial Aid Office**

505 Amherst Street Nashua, NH 03063  
 ♦ Office hours M-Th: 8:00am-6:00pm Fri: 8:00am-4:30pm ♦  
 Tel: (603) 578-8903 Fax: (603) 883-1636

**2017-2018 Verification of Child Support Paid**

STUDENT AND/OR PARENT OF DEPENDENT STUDENT:

You indicated on the 2017-2018 FAFSA that you and/or your spouse, or your parent (if dependent student) and/or your parent's spouse paid child support for the **2015** calendar year and verification is needed.

Did you and/or your spouse, or parent (if dependent student) and/or your parent's spouse pay child support for the **2015** calendar year? You cannot claim child support paid for a child included as part of your household.

YES\*  NO

\*If YES, please complete information requested below:

| Name of Person Who Paid Child Support (PAYER) | Name of Person to Whom Child Support was Paid | Name of Child for Whom Support Was Paid | Amount of Child Support Paid in 2015 |
|---|---|---|--------------------------------------|
| <i>Marty Jones (example)</i>                  | <i>Chris Smith</i>                            | <i>Terry Jones</i>                      | <i>\$6,000.00</i>                    |
|   |   |   |                                      |
|   |   |   |                                      |
|   |   |   |                                      |
|   |   |   |                                      |
|   |   |   |                                      |

By signing I/we certify that all of the information I/we provided is true and complete to the best of my/our knowledge and I/we agree, if asked, to provide information that will verify the accuracy of this completed form.

PAYER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PAYER SIGNATURE: \_\_\_\_\_  
(If more than one Payer)

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

NCC ID: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_  
(If Dependent student)

DATE: \_\_\_\_\_