



**Solano Community College**  
Office of Financial Aid

## Child Support *Paid* Statement - 2016-2017

Student: Last Name, First Name, M.I. \_\_\_\_\_

SCC ID# \_\_\_\_\_

Address (include apt. no.) \_\_\_\_\_

Date of Birth \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Phone Number (include area code) \_\_\_\_\_

*This statement is to be completed if the student, spouse or parent (if the student is dependent) **paid** child support in 2015. (Only include persons in the household and on the FAFSA who paid child support).*

**Independent or Dependent Student:**  
No child support was paid in 2015. Complete certification below.

**Independent Student:**  
I the student, or if married my spouse paid child support in 2015. Complete the chart and certification below.

**Dependent Student:**  
My parent paid child support in 2015. Complete the chart and certification below.

**Please fill in the following information** (if more space is needed attach on a separate sheet of paper):

Name of person <b>who paid</b> child support	Name of person <b>to whom</b> child support was paid	Name of child <b>for whom</b> child support was paid	Annual amount of child support paid in <b>2015</b>
<i>Nora Jones (example)</i>	<i>Sara Jones</i>	<i>Mario Jones</i>	<i>\$6,000 per yr.</i>
			<i>per yr.</i>
			<i>per yr.</i>
			<i>per yr.</i>

**WARNING: If you purposely give false or misleading information on this worksheet, you will be reported to the Department of Education. You may be fined, sentenced to jail, or both.**

**CERTIFICATION:**  
BY SIGNING THIS FORM, I CERTIFY THAT ALL THE INFORMATION REPORTED ON THIS FORM IS TRUE AND ACCURATE.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Dependent Students only)

**Attn: Faxed copies will not be accepted. Originals must be submitted.**