

CHILD SUPPORT PAID

(2016-2017 Academic Year – V1,V3,V4,V5)

2800 S Lone Tree Rd • Flagstaff, AZ 86005-2701 • PH: 928-226-4219 • FAX: 928-226-4110 • finaid@coconino.edu

@																																																													
CCC ID#	Last Name																														First Name																														MI
Mailing Address																														City										State					Zip Code																
Telephone No. (include area code)																														Email Address																															

Indicate the amount of child support **paid** by you (or your spouse) because of divorce, separation or legal requirement. **Do not include support** for children who reside in your (or your parents) household.

If we have reason to believe that the information regarding the child support paid listed is not accurate, we may require additional documentation such as:

- A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- A statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks or money order receipts.

First and last name of person who paid child support:	First and last name of person to whom child support was paid:	First and last name of child for whom child support was paid:	Amount of child support paid in 2015:
<i>Marty Jones (example)</i>	<i>Chris Smith (example)</i>	<i>Terry Jones (example)</i>	<i>\$6000.00</i>

I certify that the information provided on this form is complete and accurate to the best of my knowledge. I understand that submission of false information may result in a delay or denial of federal financial aid and may subject me to criminal charges.

Student

Date

Parent

Date