Office of Student Financial Assistance

Child Support Paid Certification (V3) - Independent Student

Your 2015–2016 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA.

Student’s Name ___________________________________________   LCC ID/SSN __________________________________

The student or spouse, who is a member of the student’s household, paid child support in 2014. List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2014 for each child.

If more space is needed, provide a separate page that includes the student’s name and ID number at the top.

<table>
<thead>
<tr>
<th>Name of Person Who Paid Child Support</th>
<th>Name of Person to Whom Child Support was Paid</th>
<th>Name of Child for Whom Support Was Paid</th>
<th>Amount of Child Support Paid in 2014</th>
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Note: If we have reason to believe that the information regarding child support paid 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 signed statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made.

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

_______________________________________  _______________________
Student’s Signature                        Date

_______________________________________  _______________________
Spouse’s Signature (Optional)               Date

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Submit this worksheet to the Financial Aid Office at Luna Community College, 366 Luna Dr., Las Vegas, NM 87701. Fax to (505) 454-2539 or scan and email to finaid@luna.edu. You should make a copy for your records.