

P.O. Box 1017 • Binghamton, New York 13902 Voice: (607) 778-5028 Fax: (607) 778-5451

2016-17 Verification of Child Support Paid Worksheet

Student's Name:	nt's Name: Broome ID: B		
you, your spouse, or your parent i	or Federal Student Aid (FAFSA) indicates that in 2015. As part of the verification process marginancial Aid is required to collect additional in	ndated by the fede	ral
Please complete this form and return	n it to our office as soon as possible.		
You may be asked to p	rovide documentation to support the information Please print and use black ink.	on provided below	,
Child Support Paid Person(s) who paid child support in ☐ Student ☐ Parent(s) ☐ Spouse ☐ No child support was paid be	2015 by anyone in my household in 2015.		
Person(s) to whom child support was paid	Name of each child for whom child support was paid	Age of each child	Amount Paid
			\$
			\$
			\$
			\$
			\$
NOTE : The children for whom child on the student's 2016-2017 FAFSA.	d support was paid cannot be listed as family n	nembers in the hou	usehold size
	ng this worksheet, I (we) certify that all of the iteral student financial aid, is complete and corre		ed above,
Student Signature	Date		
Parent Signature	Date		

Mail or Fax completed form to:

SUNY Broome Community College, Financial Aid Office, PO Box 1017, Binghamton, NY 13902 FAX: 607-778-5451

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