COE COLLEGE 2016-2017
Child Support Paid
Independent Student

You are receiving this form because you reported on your FAFSA that one or both of your parents included in the household paid child support in 2015.

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>Student’s First Name</th>
<th>Student’s Coe ID Number (if known)</th>
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I certify that I and/or my spouse paid child support in 2015. I have listed below 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 amount of child support paid in 2015 for each child. I also attest that I have not included these children as members of my household size. (The student or the student’s spouse can either include these children as members of the household or include the amount of child support paid but may not include these children as members of the household and also list child support paid.

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 and Age of Child for Whom Support Was Paid</th>
<th>Annual Amount of Child Support Paid in 2015</th>
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Total Amount of Child Support Paid $

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 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.
- Copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made.

**Student Certification and Signatures**

You must sign the worksheet. If married, your spouse’s signature is optional. Each person signing below certifies that all of the information reported is complete and correct.

_______________________
Student’s Signature

_______________________
Spouse’s Signature (if applicable)

_______________________
Date

_______________________
Date

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

Return this form by mail or fax to:
Coe College Office of Financial Aid, 1220 First Ave NE, Cedar Rapids, IA 52402  Fax Number: 319.399.8886