

## 2015-2016 Financial Aid Verification Child Support Paid

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
Student's First Name

\_\_\_\_\_  
Student's Last 4 Digits of SSN

**Why you are asked to complete this form:** As indicated on your FAFSA, someone in the household or the student paid child support in 2014. The government requires Corban to confirm this information to complete your application for financial aid.

### Child Support Paid in 2014

Name of Person Who Paid Child Support	Name of Person to Whom Child Support Was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2014
<i>Robert Reed (example)</i>	<i>Carol Martin (example)</i>	<i>Bobby Reed (example)</i>	<i>\$6,000.00</i>

Total: \_\_\_\_\_

*By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If Dependent Student)

**Please return completed worksheet to the Corban University Financial Aid Office**  
**5000 Deer Park Drive SE, Salem, OR 97317**  
**Or Fax to: 503-585-4316**

Questions? Call 503-375-7006 or email: [financialaid@corban.edu](mailto:financialaid@corban.edu)