

2021-2022 VERIFICATION CHILD SUPPORT PAID/RECEIVED

Federal Student Aid Programs - Financial Aid Office

4240 Campus Drive Lima, OF	l 45804 (419) 995-8802 Fax (419) 995-81	12 FinAid@RhodesState.edu www.RhodesState.e
Student's Full Name	Student ID (R#)	
	year. Per federal guidelines, we are require	narried, or parent(s) - if dependent) has paid/ d by the US Department of Education to verify
Please read the information below caref	ully and answer accordingly:	
No one paid/received child support in household paid/received child support	•	22-2023 FAFSA and NO ONE in the student's
2020. Must submit a statement from th		- if dependent), paid/received child support in d. This statement must be directly from the 1, 2020 through December 31, 2020.
If you answered "Yes" above, please con		
Name(s) of the individual(s) who p	oaid the child support	
 Name(s) of the individual(s) to wh 		
,, , , , ,	for whom the child support was paid for	the filtre form
• If additional space is needed, attac	ch a separate page with your Name and R‡	to this form.
Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid To	Name of Child & Age for Whom Child Support was Paid For
Example: John Nightengail	Jenny Turnmire	Joshua Nightengail, 6
WARNING: If you purposely give fals	se or misleading information on this worksheet, yo	u may be fined, be sentenced to jail, or both.
By signing this worksheet, I/we certify that the		
By signing this worksheet, I/we certify that the	ne information reported on it is complete a	
WARNING: If you purposely give fals By signing this worksheet, I/we certify that the student's Signature Spouse's Signature (if married)	ne information reported on it is complete a	

Forms can be returned to:

RHODES