2017-2018 Verification of Child Support Paid

STUDENT AND/OR PARENT OF DEPENDENT STUDENT:

You indicated on the 2017-2018 FAFSA that you and/or your spouse, or your parent and/or your parent’s spouse paid child support for the 2015 calendar year. Verification is needed.

Did you and/or your spouse, or your parent and/or your parent’s spouse pay child support in the 2015 calendar year? You cannot claim child support paid for a child included as part of your household.

YES ☐ NO ☐

If YES, please complete information requested below:

<table>
<thead>
<tr>
<th>Name of Person Who Paid Child Support (PAYER)</th>
<th>Name of Person to Whom Child Support was Paid</th>
<th>Name of Child for Whom Support Was Paid</th>
<th>Annual amount of Child Support Paid In 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marty Jones (example)</td>
<td>Chris Smith</td>
<td>Terry Jones</td>
<td>$6,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By signing I/we certify that all of the information I/we provided is true and complete to the best of my/our knowledge and I/we agree, if asked, to provide information that will verify the accuracy of this completed form.

PAYER SIGNATURE: ___________________________________________ DATE: _____________________

PAYER SIGNATURE: ___________________________________________ DATE: _____________________
(If more than one Payer)

STUDENT NAME: ___________________________________________ GBCC ID: _____________________

STUDENT SIGNATURE: _______________________________________
DATE: _____________________

PARENT SIGNATURE: _______________________________________
DATE: _____________________
(If Dependent student)

Please submit this completed form to:

Great Bay Community College – Office of Financial Aid
320 Corporate Drive – Portsmouth NH 03801
Email - gbFinAid@ccsnh.edu
Phone (603) 427-7600 – Fax (603) 334-6308