

2018-2019 Verification of Child Support Paid

Name:		ID#: <u>770-</u>
Email:		Phone#:
the information on your FA household paid child supp	AFSA. You indicated on you	cation." In this process, we are required to verif ur 2018-2019 FAFSA that you or someone in you lete and submit the following form to the Financia in 2016.
Note: Aid cannot be disbu	ursed until the requested d	ocumentation is received and reviewed.
	t(s) pay Child Support in 20 only if child support was pa	016?(check box): id for children not counted in your or your parent
	YE	S 🗌 NO
 If YES, please comple 	ete section below. Additiona	al information may be requested:
Total amount paid for	or 2016:\$	
 Name of person(s) to 	o whom the child support v	was paid:
 Name of child/childred 	en it was paid for:	
By signing this worl	ksheet you certify that the	information reported is complete and correct.
Student Signature	Date	Parent Signature (Dependent students only)

Return to the Financial Aid Office, Helena College, 1115 N. Roberts Street, Helena, MT 59601 or fax to: 406-447-6397.