The federal financial aid processor, the U.S. Department of Education, has selected your Free Application for Federal Student Aid (FAFSA) for verification, which requires schools to collect documentation of the accuracy of the information provided on the application. Please complete and submit this form to the Office of Student Financial Aid within 14 business days. Your financial aid will be cancelled if the completed form is not submitted.

**DEPENDENT students**

In the boxes below, state the total amount of child support your parents paid in 2015 because of divorce or separation or as a result of a legal requirement. **Do not** include child support paid for children in your parents' household.

**Note:** A legal parent includes a biological or adoptive parent, or a person that the state has determined to be your parent (for example, when a state allows another person’s name to be listed as a parent on a birth certificate). Grandparents, foster parents, legal guardians, older brothers or sisters, widowed stepparents, and aunts and uncles are not considered parents unless they have legally adopted you.

**INDEPENDENT students**

Enter in the boxes below the total amount of child support you (and if married, your spouse) paid because of divorce or separation or as a result of a legal requirement in 2015. **Do not** include support for children in your household.

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### CHILD SUPPORT PAID

Did you, your spouse, or your parent(s) PAY child support in 2015?

- **No**
- **Yes** - If yes, indicate the amount of any child support paid.

If asked, I will provide documentation of the payment of child support.

<table>
<thead>
<tr>
<th>Name of Person Who Paid Support</th>
<th>Name of Person to Whom Child Support was Paid</th>
<th>Name of Child for Whom Support Was Paid</th>
<th>Age of Child</th>
<th>Amount of Child Support Paid in 2015</th>
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**Note:** We may require additional documentation if we have questions concerning the information provided on this form.

**REQUIRED SIGNATURES:** I/we certify that all information reported on this form is complete and correct. I/we understand that changes in my FAFSA financial information based on the documentation provided may result in a change in financial aid eligibility.

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<tr>
<th>Student’s Signature</th>
<th>Date</th>
<th>Parent’s Signature</th>
<th>Date</th>
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</table>

A parent signature is required if you are supplying parent information.

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Print your name and student ID number on all documents - Return this form to:

**Office of Student Financial Aid** • The Welcome Center • P. O. Box 2340 • 42 West Warren • Detroit, MI 48202-0340

12/2015