

no electronic signature, must be original

Office of Financial Aid 2013/2014

Independent Child Support Verification Worksheet

Your 2013-2014 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a parent whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

Student's Last Name	First Name	M.I.	Holmes ID Number	
Student's Street Address (include apt. no.)			Student's Phone Number (include area code)	
City State Zip Code				
B. Child Support Pa	id			
who paid the child suppo child support was paid, a	ort, the names of the p nd the total annual ar	ersons to whom the count of child suppo	I, paid child support in 2012. List below child support was paid, the names of the rt that was paid in 2012 for each child.	children for whom the
Name of Person Who P Child Support	raid Name of Per	rson to Whom Child ort was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2012
Note: If we have reason to documentation, such as:	to believe that the info	ormation regarding c	hild support paid is not accurate, we may	y require additional
	ation agreement or div	orce decree that sho	ws the amount of child support to be pro	vided;
A statement from the	e individual receiving	the child support ce	rtifying the amount of child support rece	eived; or
• Copies of the child s	support payment chec	ks or money order re	eceipts.	
			s that all of the information reported is content of the fined, sentenced to jail, and/or be removed fro	
Student Signature no electronic signature, must be original			Date	
Spouse Signature			 Date	

Return this form and all requested documentation by one of the following means: take to your campus Financial Aid Office, mail to Financial Aid Office, P O Box 216, Goodman, MS 39079, fax to 662-472-9170 or email to gmuse@holmescc.edu.

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