



CHILD SUPPORT PAID

INDEPENDENT

Student's Name: _____	UCF ID: _____
Spouse's Name: _____	Phone: _____

The student or spouse, who is a member of the student's household, **paid child support in 2017**. List below the names of the person/s who paid the child support, the names of the person/s to whom the child support was paid, the names of the children for whom the child support was paid, and the total amount of child support that was paid in the **2017** year for each child.

A. Child Support Paid

If more space is needed, provide a separate page that includes the student's name and UCF ID at the top.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Age of Child	Amount of Child Support Paid in 2017

Note: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation.

B. Your Household Size

Do not include children listed as receiving child support in Section A of this form. If you did provide child support to a child living with you, please attach an explanation. Be sure to provide complete information for each household member and enter N/A for items that do not apply. Leaving items blank on any household member can result in processing delays.

1. You and Your Spouse (if married)

Full Name	Date of Birth	Relationship	If attending college, list: College Name, City, State	Type of Degree Seeking
		SELF/STUDENT		
		SPOUSE		

2. Dependents

List children who will receive more than half of their financial support from you (and your spouse if married) between July 1, 2019 and June 30, 2020, or are required to use your information when completing the FAFSA.

Full Name	Date of Birth mm-dd-yyyy	Relationship	If attending college, list: College Name, City, State	Type of Degree Seeking
John Example	01/25/1996	son	UCF Orlando, FL	BA
1.				
2.				
3.				
4.				
5.				
6.				

Student's Signature

Date

Spouse's Signature

Date