



**Hinds Community College
Office of Financial Aid
2015-2016
Child Support Verification**

Please read carefully and answer all questions as it relates to you.

A. STUDENT INFORMATION

Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security# or ID#
Address (Include apt. no.)		Student's Date of Birth	Student's Email Address
City	State	Zip Code	Student's Phone Number
			Student's Cell Number

B. CHILD SUPPORT PAID

In 2014, I/we **PAID** CHILD SUPPORT for a child not included in my household. ___ YES ___ NO

Dependent Student	Independent Student
One of the parents included in the household or the student paid child support in 2014. List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2014 for each child.	The student or spouse, who is a member of the student's household, paid child support in 2014. List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2014 for each child.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Age of Child For Whom Support Was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2014

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

- A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- A statement from the individual receiving the child support certifying the amount of child support received; or

C. CERTIFICATION

I/We certify that all the information reported to qualify for Federal Student Aid is complete and correct.

Student Signature Date

Parent Signature (if parent data was reported on the FAFSA) Date
Signature required for dependent student.

WARNING: Each person signing certifies that all of the information reported is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to prison, or both.

Hinds Community College Notice of Non-discrimination Statement:
Hinds Community College is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Debra Mays-Jackson, Vice President, Utica Campus, 34175 Hwy. 18, Utica, MS 39175; 601.885.7001.

Disability Support Services Statement:
Hinds Community College provides reasonable and appropriate accommodations for students with disabilities. Disability Services staff members verify eligibility for accommodations and work with eligible students who have self-identified and provided current documentation. Students with disabilities should schedule an appointment with the designated Disability Services staff member on their respective campus to establish a plan for reasonable, appropriate classroom accommodations.