2015-2016
Student Child Support Paid Form

Student Name:____________________________________________________________________________________

Last       First       MI

UIN:_____________________________________________  (Number on I-Card or Admissions Letter)

We are writing in regards to the information reported on the 2015-2016 Free Application for Federal Student Aid (FAFSA).
Please refer to the student and parent FAFSA questions regarding child support paid in 2014. In order for us to continue
processing your financial aid application, please complete this form and either fax it to (217) 265-5516 or mail it to the
address listed above.

☐ No one in our household PAID child support in 2014.

Child Support Paid

Report child support you and/or your spouse (if married) paid because of divorce or separation or as a result of a legal
requirement. Indicate the name of the person who paid the support, the name of the person the support was paid to, the
child’s name the support was paid for, and the total amount paid for each child in 2014. Don’t include support paid for
children in your household, as reported on your 2015-2016 FAFSA.

Name of the person who paid the child support: __________________________________________________________

Relationship of this person to student: __________________________________________________________________

Name of the person the child support was paid to: _________________________________________________________

Relationship of this person to student: __________________________________________________________________

<table>
<thead>
<tr>
<th>Name of child the support was paid for in 2014</th>
<th>Age of Child</th>
<th>Total Amount Paid in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>$                          /year</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>$                          /year</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>$                          /year</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>$                          /year</td>
</tr>
</tbody>
</table>

☐ Check this box and attach a list if there are more than four children that support was paid for in 2014.

I certify that ALL of the information on this form is complete and correct.

______________________________________________  _______________________
Student Signature     Date

______________________________________________  _______________________
Parent Signature (Required for dependent students) Date

WARNING: If you purposely give false or misleading information on this worksheet,
you may be fined, sentenced to jail, or both.

Documents may be faxed to (217) 265-5516 or mailed to the address at the top of this letter. You will be able to view
receipt of faxed documents online within three business days and receipt of mailed documents within one week. To check
the status of submitted documents go to www.osfa.illinois.edu and click on “Check Your Status.” If you have any
questions, please contact a member of our counseling staff at (217) 333-0100.

www.osfa.illinois.edu  Email: finaid@illinois.edu  Fax: (217) 265-5516