Student Name: ______________________________________________________________________________________

Last      First      MI
UIN:__________________________________________
(Number on I-Card or Admissions Letter)

We are writing in regards to the information reported on the 2018-2019 Free Application for Federal Student Aid (FAFSA). Please refer to the student and parent FAFSA questions regarding child support paid in 2016. 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 2016.

Child Support Paid

Report child support your parent(s)/stepparent paid because of divorce or separation or as a result of a legal requirement. Don’t include support paid for children in your household if they were reported as living in your household on your 2018-2019 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 2016</th>
<th>Age of Child</th>
<th>Total Amount Paid in 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>$</td>
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<tr>
<td>3.</td>
<td></td>
<td>$</td>
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<tr>
<td>4.</td>
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<td>$</td>
</tr>
</tbody>
</table>

☐ Check this box and attach a list if there are more than four children that support was paid for in 2016.

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