2019-2020
Parent 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 2019-2020 Free Application for Federal Student Aid (FAFSA). Please refer to the student and parent FAFSA questions regarding child support paid in 2017. In order for us to continue processing your financial aid application, please complete this form and submit it to our office.

☐ No one in our household paid child support in 2017.

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 2019-2020 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 2017</th>
<th>Age of Child</th>
<th>Total Amount Paid in 2017</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 2017.

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.

Completed documents should be uploaded directly to UI-Integrate Self-Service. For instructions on how to access and upload documents please visit https://osfa.illinois.edu/DocumentUpload. Be sure to include your name and UIN on all documents uploaded. After you have uploaded your documents, you may confirm receipt within 3 business days at https://osfa.illinois.edu/process/checking-your-status. If you have any questions, please visit our website www.osfa.illinois.edu, contact a member of our counseling staff at (217) 333-0100 or email finaid@illinois.edu. Please do not email documents to this email address.