

Office of Scholarships and Financial Aid

# 2019 - 2010 CHILD SUPPORT ATTESTATION FORM



1600 South College Street, Mountain Home, AR 72653 • Phone: 870-508-6100 • Fax 870-508-6286

Student's Last Name	Student's First Name	Middle Initial	Social Security Number:
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You have been selected for a process called verification. Being selected for verification can happen when a FAFSA is filed or changed in any way. The Office of Scholarships and Financial Aid must compare the FAFSA data submitted by the student with the information on this worksheet and other required documents. If there are differences, the FAFSA data may need to be corrected. The school may ask for additional information. For more information regarding this process, please contact the Office of Scholarships and Financial Aid at 870-508-6195.

For all members of the household listed on the 2019-2020 Verification Form, list the amount of any **PAID** court mandated child support that came to or from a member of the household in 2017 in the table below. Be sure to use the same names in the household as you supplied on the 2019-2020 Verification Form.

☐ No child support was paid.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Amount of Child Support Paid in 2017
<i>John Smith (example)</i>	<i>Jane Smith (example)</i>	<i>June Smith</i>	<i>\$6000.00</i>
			\$
			\$
			\$
			\$
			\$
			\$

Note: Parent signature is required when the student is considered dependent.

By signing this Verification Statement, I (we) certify that all information reported is complete and accurate. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

X  
\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

X  
\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date