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 Federal School Code: 002641

Office Hours

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 9am TO 5 pm, Friday
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2016-2017 CHILD SUPPORT PAID VERIFICATION

Your application was selected for a review in a process called "Verification". Verification is a process governed by Federal and/or State regulations and is used to ensure that the information applicants report on the Free Application for Federal Student Aid (FAFSA) is accurate.

The law requires us to ask for this information before awarding Federal Aid. If there are differences between your application information and your financial documents, MCCC will need to make corrections. If you do not complete this form or submit all of the required documents requested, we will not be able to complete the processing of your financial aid.

INSTRUCTIONS

1. You reported child support was paid for children because of divorce or separation or as a result of a legal requirement on your 2016-17 FAFSA application.
2. Report the ACTUAL annual dollar amount **paid in 2015** by for each child.
3. 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. A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
 - b. A statement from the individual receiving the child support certifying the amount of child support received; or
 - c. Copies of the child support payment checks or money order receipts.

A. Student Information

Last Name *First name* *M.I.* *Social Security Number* *Colleague ID*

Address (include apt. no.) _____
Date of birth

City *State* *Zip Code* _____
Phone number (include area code)

B. Parent Information (dependent students only)

Last Name *First name* *M.I.* _____
Social Security Number

C. Did you or your spouse (if applicable) pay child support in 2015? YES* *If Yes, complete the chart below NO

D. Did your parent(s) (if applicable) pay child support in 2015? YES* *If Yes, complete the chart below NO

E. Child Support Paid

LEGAL NAME OF WHO PAID CHILD SUPPORT (non-custodial parent)	LEGAL NAME AND ADDRESS OF INDIVIDUAL WHO RECEIVED CHILD SUPPORT (custodial parent)	LEGAL NAME AND AGE OF CHILD FOR WHOM SUPPORT WAS PAID	ANNUAL AMOUNT PAID PER CHILD IN 2015
			\$
			\$
			\$
			\$

F. Certification

Each person signing this form certifies that all information reported on it is complete and correct.

Student *Date*

Parent/Spouse *Date*

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