



**Submit Documents Via**  
 Secure Electronic Submission:  
[my.fordham.edu/fasubmitdocs](http://my.fordham.edu/fasubmitdocs)  
 or  
 Fax: (718) 817-3921

## 2024-2025 Child Support Received Form

**STUDENT:** \_\_\_\_\_ **FIDN#: A** \_\_\_\_\_  
Last Name First Name

Please clarify the amount of child support received by your parent(s) in 2022.

**Enter "0" if the answer is Zero. Do not leave blank.**

Total Amount of Child Support Received by your parent(s) in 2022: \$ \_\_\_\_\_

**By signing this form, I (we) certify the information reported above is true and accurate to the best of my (our) knowledge. I (we) understand that providing misleading or false information can jeopardize financial aid eligibility and subject me (us) to federal penalties. If additional information is requested, I (we) agree to provide the institution with any supporting documentation to verify the information stated above. The student and at least one parent (for dependent students) must provide a signature.**

**We do not accept electronic signatures.**

---

**Student's Name (Print)** **Student's Signature** **Date**

---

**Parent's Name (Print)** **Parent's Signature** **Date**