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## 2020-2021 Child Support Paid Form

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

Please clarify the amount of child support paid by your parent(s) in 2018 by completing the table below. **Enter "0" if the answer is Zero. Do not leave blank.** If there are additional children, please attach an additional page.

1. Name of Person Who Paid Child Support: \_\_\_\_\_ Name of Person to Whom Child Support was Paid: \_\_\_\_\_

Age of Child: \_\_\_\_\_ Total Amount Paid in 2018: \$ \_\_\_\_\_

2. Name of Person Who Paid Child Support: \_\_\_\_\_ Name of Person to Whom Child Support was Paid: \_\_\_\_\_

Age of Child: \_\_\_\_\_ Total Amount Paid in 2018: \$ \_\_\_\_\_

3. Name of Person Who Paid Child Support: \_\_\_\_\_ Name of Person to Whom Child Support was Paid: \_\_\_\_\_

Age of Child: \_\_\_\_\_ Total Amount Paid in 2018: \$ \_\_\_\_\_

**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.**

_____ <b>Student's Name (Print)</b>	_____ <b>Student's Signature</b>	_____ <b>Date</b>
_____ <b>Parent's Name (Print)</b>	_____ <b>Parent's Signature</b>	_____ <b>Date</b>

Office of Student Financial Services  
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