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2020-2021 Child Support Received Form

STUDENT: _____ FIDN#: A _____
 Last Name First Name

Please clarify the amount of child support received by your parent(s) in 2018.

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

Total Amount of Child Support Received by your parent(s) 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.

_____	_____	_____
Student's Name (Print)	Student's Signature	Date
_____	_____	_____
Parent's Name (Print)	Parent's Signature	Date

Office of Student Financial Services
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Lincoln Center Campus | 113 West 60th St. | New York, NY 10023
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