



# Southwestern Michigan College Verification of 2020 Child Support Paid



Financial Aid Office, 58900 Cherry Grove Road, Dowagiac, MI 49047  
Phone: 269.783.2143 Fax 269.783.2114 Email: finaids@swmich.edu

Indicate below the name of the person who paid the child support in the 2020 tax year, the name of the person to whom the child support was paid, and the name(s) and age(s) of the child(ren) for whom child support was paid. Also include the total **annual** dollar amount of child support that was paid for each child.

If more space is needed, provide a separate page that includes the student's name and ID number at the top.

| Name of Person Who Paid Child Support | Name of Person to Whom Child Support was Paid | Name of Child for Whom Support Was Paid | Age of Child | Total Amount of Child Support Paid in 2020 |
|---------------------------------------|---|---|--------------|--|
|                                       |   |   |              | \$   |
|                                       |   |   |              | \$   |
|                                       |   |   |              | \$   |
|                                       |   |   |              | \$   |
|                                       |   |   |              | \$   |

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 copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- Copies of the child support payment checks or money order receipts.

## Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct.

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

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student's ID Number

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (dependent students only)

\_\_\_\_\_  
Date

**Return this form to:  
Financial Aid Office, Southwestern Michigan College  
58900 Cherry Grove Road, Dowagiac, MI 49047  
or fax to 269-783-2114**

**Please note that submission of this form electronically should be encrypted to protect any personal or confidential information.**