# North Carolina Central University
## *Office of Scholarships and Student Aid*

919/530-6180 • 919/530-7959 (fax)

## V3 –CHILD SUPPORT PAID
## 2014-2015 DEPENDENT VERIFICATION WORKSHEET

Your application was selected for review in a process called *verification*. In this process we compare and confirm the information that you and/or your parent(s) provided on the FAFSA to ensure its accuracy. The law says we have a right to ask you for this information before awarding Federal Aid. If there are differences between your FAFSA information and your financial documents, you or the school may need to make corrections electronically**. We cannot continue processing your financial aid application until all requested information is received and completed.** Please fax these requested documents to **919/530-7959** or mail to address at the bottom of this form.

☐ I certify that one (or both) of the student's parents included in the household or the student **PAID** child support in 2013. List below the name(s) of the persons who paid the child support, the name(s) of the person to whom child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2012 for each child. If asked by the school, I will provide documentation of the payment of child support.

☐ I certify that one or both of the student's parents included in the household or the student did not pay child support in 2013.

| Name of Person Who **Paid** Child Support | Name of Person to Whom Child Support was **Paid** | Name of Child for Whom Support Was **Paid** | Amount of Child Support **Paid** in 2013 |
|---|---|---|---|
| *Marty Jones* | *Chris Smith (example)* | *Terry Jones* | *$6,000.00* |
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**Print the information requested below**:

_____ Student's Last Name First Name MI

_____ Parent's Name

_____ Student's NCCU Banner ID / Last 4 digits of SSN

_____ Parent's Home Phone# / Parent's Cell Phone#

_____ Student's Home Phone # / Student's Cell Phone

_____ Parent's Email Address

_____ Student's Email Address

Each person signing this worksheet certifies that all of the information reported is accurate and complete. **The student and at least one parent must sign.**
**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

X _____ Student _____ Date

X _____ Parent/Stepparent _____ Date

Submit to:

***Office of Scholarships and Student Aid***

P. O. Box 19496 Shepard Station, Durham, North Carolina 27707 - Fax: 919/530-7959

**ENTER YOUR 9-DIGIT NCCU ID**

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Please allow 24 hours to post documents. You may check the status on MyEOL.