



CHILD SUPPORT PAID VERIFICATION

Your FAFSA was selected for a review process called verification. In the process, information from your FAFSA is compared to this document. The law states that the campus must ask for this information before awarding financial aid. If there is a difference between your FAFSA information and your documents, corrections will be made to your FAFSA and your information will be reprocessed.

You must complete and sign this worksheet and submit it along with any documents requested below no later than 30 days prior to the last date of the semester. We cannot continue processing your financial aid application until verification is completed.

A. STUDENT INFORMATION

| | | | |
|--------------|------------|------|-----------------------|
| Last Name | First Name | M.I. | UH ID Number/Username |
| Phone Number | | | Date of Birth |

B. CHILD SUPPORT PAID VERIFICATION

DID YOU (OR YOUR SPOUSE, IF MARRIED) AND/OR YOUR PARENT(S) PAY CHILD SUPPORT IN 2015? YES NO

If yes, indicate below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of the child support that was paid in 2015 for each child. (**DO NOT** include any children that you reported in the household on the FAFSA).

| 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 2015 |
|---------------------------------------|---|---|--------------------------------------|
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C. CERTIFICATION AND SIGNATURES: By signing this worksheet, we certify that all the information reported to qualify for federal student aid is complete and correct.

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|---|------|
| Student | Date |
| Parent (required for dependent student) | Date |

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

DO NOT MAIL THIS WORKSHEET TO THE U.S. DEPARTMENT OF EDUCATION

RETURN THIS FORM ALONG WITH ANY OTHER REQUIRED DOCUMENTATION TO THE COMMUNITY COLLEGE CAMPUS THAT YOU WILL BE ATTENDING:

| Community College | Address | Email | Phone |
|------------------------------------|---|--|----------------|
| Hawai'i Community College | 200 West Kawili Street * Hilo, HI 96720 | hawccfao@hawaii.edu | (808) 934-2712 |
| Honolulu Community College | 874 Dillingham Boulevard * Honolulu, HI 96817 | honccfao@hawaii.edu | (808) 845-9116 |
| Kapi'olani Community College | 4303 Diamond Head Road * Honolulu, HI 96816 | kapinfo@hawaii.edu | (808) 734-9555 |
| Kaua'i Community College | 3-1901 Kaunuaui'i Highway * Lihu'e, HI 96766 | kaucfao@hawaii.edu | (808) 245-8360 |
| Leeward Community College | 96-045 Ala 'Ike Street * Pearl City, HI 96782 | lccfao@hawaii.edu | (808) 455-0606 |
| University of Hawai'i Maui College | 310 West Ka'ahumanu Ave * Kahului, HI 96732 | mauifa@hawaii.edu | (808) 984-3277 |
| Windward Community College | 45-720 Kea'ahala Road * Kaneohe, HI 96744 | wccfao@hawaii.edu | (808) 235-7449 |

UH HILO, UH WEST OAHU AND UH MĀNOA STUDENTS NEED TO CONTACT THEIR FINANCIAL AID OFFICE FOR CAMPUS SPECIFIC FORMS.