

## Financial Aid Office 1801 East Cotati Avenue Rohnert Park, CA 94928

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## 2019-20 Child Support Paid Affirmation Form (Parent)

| Student Name   |                                      |  | SSU I.D.  |  |
|--|--------------------------------------|--|---|--|
| Instructions to Parent:  |                                      |  |   |  |
|  |                                      |  | ort in 2017. Please affirm the respolete Part 2 of this form. You must  |  |
| Part 1: Affirmation of Payme   | nt of CI                             | hild Support   |   |  |
| children living in that household. on the Free Application for Fede  | <b>Do not r Pral Stud</b> mplete the | report child support payments you lent Aid (FAFSA). If you affirm the chart below and sign this states | her household for the financial need to made for children reported in you that you paid child support in 201 ment. Upon review of this form, wo tach a separate page. | y <b>our own household</b><br>7 for a child or |
| Name of Child for Whom<br>Support Was Paid                           | Age<br>of<br>Child                   | Name of Person to Whom<br>Child Support was Paid   | Name of Person Who Paid<br>Child Support  | Amount of Child<br>Support Paid<br>2017        |
|  |                                      |  |   |  |
|  |                                      |  |   |  |
|  |                                      |  |   |  |
|  |                                      |  |   |  |
| Part 2: Payment of Child Sup   | port R                               | eported in Error   |   |  |
| If you determine that no child sup statement, and return the form to | •                                    | • •  | old in 2017, please check the box l   | pelow, sign this                               |
| ☐ Child support was not paid   | d in 2017                            | 7.   |   |  |
| Sign This Statement I certify that all the information               | reported                             | d on this form is complete and co  | rrect.  |  |
| Parent Name (please print)   |                                      |  | Phone number  |  |
| Parent Signature   |                                      |  | Date  |  |