

## 2016-17 Child Support Paid Verification Form

| d support pa   | id in 2015   |  |   |
|--|--|--|---|
|  |  |  |   |
|  | •  | ou are a Dependent on the FAFSA and your wing information in the table below:  | our parent(s) paid  |
| d support paid:  |  | \$   |   |
| er who paid chi  | ld support:  |  |   |
| Name of person child support is paid to:   |  |  |   |
| Name of child/children that support was paid for:  |  |  |   |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |
|  | re   | Date   | · ·   |
| usehold paid   | child support i  | n 2015; an error was made on my F  | AFSA application  |
|  |  |  |   |
| ial assistance el<br>by year" in We<br>I regulations, yo   | igibility will not<br>b Advisor are re<br>u may not recei  | be determined until all forms listed und<br>ceived (or waived) and reviewed for acc<br>ve grants or loans at two separate instit   | er "required<br>curacy.<br>utions.  |
| by signing and worksheed, if we certify that an the injointation reported on it is complete and to |  |  |   |
| re D   | ate  | Parent Signature   | Date  |
|  | elieve that the intion.  ort Payer Signature  susehold paid of the corrections to sial assistance else by year" in Well regulations, your ksheet, I/we considered. | per who paid child support: support is paid to: In that support was paid for:  elieve that the information regarding.  port Payer Signature  susehold paid child support in the secorrections to your FAFSA or chial assistance eligibility will not be by year" in Web Advisor are related in the second paid that all the second paid t | per who paid child support: support is paid to: In that support was paid for:  selieve that the information regarding child support paid is not accurate, tion.  Date  Date  Date  Rese corrections to your FAFSA or Admissions Application after turning in cial assistance eligibility will not be determined until all forms listed und by year" in Web Advisor are received (or waived) and reviewed for accil regulations, you may not receive grants or loans at two separate instites the sheet, I/we certify that all the information reported on it is considered. |

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

All applications for financial assistance programs(i.e., student loans, work compensations, grants, scholarship, special funds, subsidies, prizes, etc.), will be considered by the Palo Verde Community College District without regard to ethnic group identification, national origin, religion, age, gender, gender identity, gender expression, race, color, ancestry, genetic information, sexual orientation, physical or mental disability, or any characteristics listed or defined in section 11135 of the Government Code or any characteristics lists is contained in the prohibition of hate crimes sets forth in subdiviol (1) of section 442.6 of the California Penal Code, or any other status protected by law. Alternats for this material are available to individuals requiring disability accommodation. Please contact the office of Diversity, Equity and Compliance at (951)222-8039

Todas las solicitudes para programas de asistencia financiera (por ejemplo, prestamos estudiantiles compensacion de trabajo, subvenciones, becas, fondos especiales, premios,etc.), seran considerados por el Distrito de Palo Verde Community College independientemente de identificacion entrica, origen nacional, religion, edad, genero, identidad de genero, caya color, oraz, color, ascendencia, informacion genetica, orientacion sexual, discapacidad fisica o mental, o cualquier caracteristica listados o definidos en la Seccion 11135 del Codigo de Gobierno o cualquier caracteristica que se encuentra en la prohibicion de los crimenes de odio establecidos en la subdivision (1) de la Seccion 422.6 del Codigo Penados establecidos en la subdivision (1) de la Seccion 422.6 del Codigo Penados establecidos en la subdivision (1) de la Seccion 422.6 del Codigo Penados establecidos en la subdivision (1) de la Seccion 422.6 del Codigo Penados establecidos en la subdivision (1) de la Seccion 422.6 del Codigo Penados establecidos en la subdivision (1) de la Seccion 422.6 del Codigo Penados establecidos en la subdivision (1) de la Seccion 422.6 del Codigo Penados estable

cualquier otra condicion pretegida por la ley. Fromatos alternos para este material estan disponibles para personas que requieren alojamiento de discapacidad. Por favor comuniquese con la oficina de Diversidad, Equidad y Respeto al (951) 222-8039