**2013-14 Child Support Independent Verification Worksheet**

**Federal Aid Programs**

Your financial aid application has been chosen for a review process called “Verification.” Child Support Verification is a process by which Mississippi College compares the information on your application with documentation from you and/or your spouse stating that someone in your household pays child support. The law says that our institution has a right to ask for this information before we award you Federal aid. If there are differences in the application and the financial documents, then an electronic correction is made to your application.

**What you should do for verification?**

1.Complete and **sign** this verification worksheet.

1. Return with this worksheet, documentation that proves someone in your household paid child support.
2. Submit the information to the financial aid office as soon as possible.
3. Once the financial aid office has your documentation, the verification will be completed and any corrections will be made by the financial aid office.
4. Once verification is completed, then you can be awarded federal aid.

**A. Student Information**

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Last Name First Name M.I. Social Security Number

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Address (include apt. no.) Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip code Phone number (include area code)

**B. Child Support Paid**

**Did you or your spouse, pay child support in 2012?**

­­ **\_\_\_\_Yes ­­­\_\_\_\_No (If yes, please provide the information below and supporting documentation)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Person Who Paid Child Support** | **Name of Person to Whom Child Support was Paid** | **Name of Child for Whom Child Support was Paid** | **Amount of Child Support Paid in 2012** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**C. Sign this Worksheet**

By signing this worksheet, I (we) certify that all the information reported on it is complete and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Warning:**

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

Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse (Optional) Date

**Mail completed form to:**

**Mississippi College**

**Financial Aid**

**P.O. Box 4035**

**Clinton, MS 39058**

**Fax: 601-925-3950**