Mount Aloysius College
Financial Aid Office
7373 Admiral Peary Highway
Cresson, PA 16630

Phone: (814)886-6357
Fax: (814)886-6463
Email: financialaid@mtaloy.edu

Child Support Paid Verification

Your FAFSA was selected for review in a process called "Verification" for Child Support Paid reported on the FAFSA. In this process, we will be comparing information from your FAFSA with this form. Federal law gives us the right to ask you for this information before processing Federal aid to ensure all information is accurate. If differences are found between your FAFSA and your financial documents, we will make the appropriate corrections electronically. This form must be filled out correctly and completely to finalize your financial aid file.

Student Information

Last Name _____ First Name _____ M.I. _____ Social Security # or Student I.D. # _____

Child Support Paid in 2021

Child support **paid** because of a divorce or separation or as the result of a legal requirement. **Do not include** support paid for children reported in your household size below.

Person Who Pays Support: _____ **must supply documentation with amount paid for the year (we can accept a paystub, agency documentation, notarized statement from recipient or cancelled checks)**

Child's Name:_____Age_____ Paid To:_____
Amount Paid: $_____ (per month)
Child's Name:_____Age_____ Paid To:_____
Amount Paid: $_____ (per month)

Household Size

Dependent students, fill out this information using your parent's household. *Independent students*, base the household on the student.

List the people in your or your parent(s)' household, including:

- yourself, and your parent(s) (including stepparent) even if you don't live with your parent(s), and
- your parents' other children, even if they do not live with your parent(s) if your parent(s) will provide more than half of their support from July 1, 2023 through June 30, 2024, and;
- other people if they now live with your parent(s), and your parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.

Write the names of all household members below. Also write in the name of the college for any household member, excluding your parent(s), who will be attending college at least half- time between July 1, 2023 and June 30, 2024, and will be enrolled in a degree or certificate program. If you need more space, attach a separate page.

Full Name	*Age*	*Relationship to student*	*College (will be at least ½ time between 07/01/23 to 06/30/24 and enrolled in a degree or certificate program)*
		Self	***Mount Aloysius College***

Each person signing this form certifies that all the information reported is complete and correct. At least one parent signature is required. **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student _____ **Date** _____ **Parent** _____ **Date** _____

Return completed form and documentation to: Mount Aloysius College, Financial Aid Office, 7373 Admiral Peary Hwy, Cresson, PA 16630