



## 2020 Child Support Received Worksheet

The PSU Financial Aid Team is requesting a signed statement verifying child support received. On your Free Application for Federal Student Aid (FAFSA), you indicated that either you or your parent RECEIVED child support during 2020. We have received conflicting information; therefore the law states that PSU may need to confirm the information on this worksheet with your account. Please be sure the amounts listed are actual dollars RECEIVED during the calendar year 2020.

**A. STUDENT INFORMATION (Please Print)**

Last Name	First Name	MI	PSU Student ID
Address			Email
City	State	Zip	Phone Number (include area code)

**B. CHILD SUPPORT RECEIVED INFORMATION**

Check here if NO child support was RECEIVED by the household in 2020  
 List **NAME(s)** and **AGE(s)** of children for whom you did **NOT** receive support: \_\_\_\_\_

Check here if child support WAS RECEIVED by the household in 2020. **List information for all children in your household. Do NOT include Foster Care or Adoption payments.**

Name of Person Who Received Support	Name of Person Who Paid Support (Payer)	Name of Child for Whom Support was Received	Age of Child	Amount of Child Support Received

Payer's relationship to student (Circle one):    Self    Mother    Step-Mother    Father    Step-Father

**Note: If we have reason to believe that the information regarding child support received is inaccurate, we may require additional documentation, such as:**

- A signed statement from the individual paying the child support certifying the amount of child support paid; or
- Copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made.

**By signing this worksheet, I certify that all of the information reported on this worksheet is complete and correct. If the student is a dependent, at least one parent must sign. Warning: If you purposely give false or misleading information on this worksheet, you may be fined \$20,000, be sent to prison, or both.**

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PARENT WHO RECEIVES SIGNATURE	PRINT NAME	DATE
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