



## 2019-2020 Child Support Paid Worksheet

Please complete this worksheet so that we can verify the amount that you paid in child support for the 2017 calendar year.

A. STUDENT INFORMATION (For institutional identification purposes) PAWS ID: \_\_\_\_\_

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	
ADDRESS (INCLUDE APT. #)	CITY	STATE	ZIP	
DATE OF BIRTH	EMAIL ADDRESS		PHONE NUMBER	

B. Child support paid INFORMATION – All lines MUST be complete.

Name of children for whom support was paid: \_\_\_\_\_

Age(s) of children for whom support was paid: \_\_\_\_\_

Name of parent/guardian to whom child support was paid: \_\_\_\_\_

Total amount of child support paid for calendar year 2017: \_\_\_\_\_

Payer's relation to student (Circle one):      Self                  Mother                  Father

C. By signing this worksheet, I (we) 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 sentenced to prison, or both.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE (IF APPLICABLE)

\_\_\_\_\_  
DATE

*Return to: The College of New Jersey, Financial Aid Office, PO Box 7718, Ewing, NJ 08628 or fax: (609) 637-5154.*

**STOP: DID YOU FULLY COMPLETE THIS FORM? DID YOU SIGN THIS FORM?**  
**WE WILL RETURN ANY INCOMPLETE OR UNSIGNED FORMS FOR CORRECTION. IF YOU HAVE QUESTIONS CONCERNING THIS FORM, CALL (609) 771-2211.**