



Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**C. Verification of Child Support Paid**

Complete this section if you or your spouse, if married, paid child support in 2015.

List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names and ages of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child. If more space is needed, provide a separate page that includes the student's name and ID number at the top.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support Was Paid	Name and Age of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015
<i>Marty Jones(example)</i>	<i>Chris Smith</i>	<i>Terry Jones/Age</i>	<i>\$6,000.00</i>

We will notify you if additional documentation is required to verify the child support paid.

Check below if the section above was not completed because the student and spouse, if married, did not pay child support in 2015.

The student and spouse, if married, did not pay child support in 2015.

**D. Verification of Supplemental Nutrition Assistance Program (SNAP) Benefits**

Complete this section if someone in the student's household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamps) any time during the 2014 or 2015 calendar years.

By checking the box below, I certify that a member of my household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015. SNAP may be known by another name in some states. In Michigan, the program is referred to as MI Bridges or Michigan Bridge Card. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

One of the persons listed in Section B of this worksheet received SNAP benefits in 2014 or 2015.

We will notify you if additional documentation is required to verify your SNAP benefits.

**E. Certification and Signature**

Each person signing below certifies that all of the information reported is complete and correct.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sent to prison, or both.**

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (Optional)

\_\_\_\_\_  
Date