

Statement of Child Support Paid by Parent 2021-2022

Office of Financial Aid • 100 East 8th Street • PO Box 9000 • Holland, MI 49422-9000 P: 616-395-7765 • F: 616-395-7160 • finaid@hope.edu • hope.edu/financialaid

Student Name:	Hope College ID Number:	
Report the total amount of child support your parent or stepparent <u>paid</u> in 2019. Do NOT include amounts paid for children reported in your parent's household on the FAFSA.		
Name of person who paid child support:		
NAME & AGE of CHILD for whom child support was paid	AMOUNT PAID IN 2019	TERMINATION DATE FOR CHILD SUPPORT
1.	\$	
2.	\$	
3.	\$	
4.	\$	
Name of person to whom child support was paid Home address of recipient:	d:	
WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both. My signature below certifies that all of the information reported is complete and correct.		
Signature of Parent Who Paid Child Support to Another Household:	Date Signed	l: