

Child Support Form

Independent Student 2023-2024 Academic Year

Office of Financial Aid and Scholarships • Indiana University South Bend • P.O. Box 7111 • South Bend, IN 46634-7111

Phone: (574) 520-4357 Fax: (574) 520-5561 Email: sbfinaid@iusb.edu Website: financialaid.iusb.edu

Securely upload required documents/forms: go.iu.edu/FASecure

| Student Name | | | | Student ID N | Student ID Number | | |
|-------------------------------------|---------------------------------|---------------------|--|---|--|--|--|
| (Please Print) | Last | First | Middle | | | | |
| If anyone inclu | ded in the ho | ousehold rece | eived or paid child supp | ort in 2021, comp | lete the table belo | w. | |
| Person Who Paid Child Support | Person t Child Su Paid | o Whom pport Was | Child for Whom Support Was Paid | Age of Child for Whom Support Was Paid | Annual Amount of Support RECEIVED in 2021 | Annual Amount of Support <i>PAID</i> in 2021 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | ild support re upport in 202 | - | e FAFSA was listed in e | error. Neither mys | elf nor my spouse | received or paid | |
| and correct. If a | asked, I will p | rovide docur | rson signing this form ce mentation of the paymer false or misleading info | nt of child support | t. The student mus | st sign and date | |
| Student Signatu | ıre | | | Da | ate | | |
| Spouse Signati | ıre | | | Da | ate | | |