

The 2015 income reported on your 2016-2017 FAFSA appears to conflict with the 2015 income reported on your 2017-2018 FAFSA. We are required by Federal Policy to resolve this conflicting information by asking for supporting documentation. Complete this form to provide information that confirms either payments or receipts of CHILD SUPPORT in the calendar year 2015.

While it may be difficult to determine some figures, it is important to provide the most accurate information possible. Financial aid administrators have the authority to request any documentation they need in order to resolve discrepancies, per section 479A of the Higher Education Act of 1965 and the regulations at 34 CFR 668.51(b), 34 CFR 668.54(a)(3), 34 CFR 668.54(a)(5), 34 CFR 668.60(a), 34 CFR 668.60(b)(1), 34 CFR 668.60(c)(2) and 34 CFR 668.60(d).

Student Name

Student ID or SSN

Section 1 CHILD SUPPORT RECEIVED:

Did anyone in the household receive child support for children included in your household size during the calendar year **2015**?

_____ **YES**...Complete the table below and continue to Section 2. This is required.

_____ **NO**...Continue to Section 2

Name of Child for Whom it was Received	Amount Received During 2015	Name of Person Who Received this Income	Relationship To Student (self, parent, etc.)
	\$		
Total amount received	\$		

(You may be asked to submit supporting documentation for anyone listed.)

Section 2 CHILD SUPPORT PAID:

Did you or your spouse/parent/step parent pay child support for children **NOT** included in your household size during the calendar year **2015**? (Spouse/parent/step parent refers only those in your household.)

_____ **YES**...Complete the table below and continue to Section 3. This is required.

_____ **NO**...Continue to Section 3

Name of Child for Whom it was Paid	Amount Paid During 2015	Name of Person to Whom this Child Support was Paid	Name of Person Who Made this Child Support Payment
	\$		
Total amount received	\$		

(You may be asked to submit supporting documentation for anyone listed.)

Student's Name: _____ SSN: XXX-XX-_____

Section 3 CERTIFICATION: Read carefully before signing

I hereby certify that all information contained in this document, including supporting documentation is true and complete to the best of my knowledge. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my eligibility for federal and state aid may be further verified and corrected as required.

Trine University reports all suspected cases of fraud in any attempt for the sole purpose of qualifying and/or collecting financial aid to the U.S. Department of Education for possible investigation by the Office of Inspector General and possible prosecution by an appointed United States Attorney for sentencing of fines, imprisonment, or both.

<i>Student Signature</i>	<i>Date</i>	<i>Student Name</i>
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<i>Parent Signature (Required for Dependent Student)</i> <i>Spouse Signature (Required for Married Student)</i>	<i>Date</i>	<i>Parent Name or Spouse Name</i>
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****Incomplete information or missing documentation WILL delay processing your request for financial aid****

Questions?

Trine University
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Angola, IN 46703

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800.347.4878 option 3
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