

## **Boston University** Financial Assistance

## 2015-2016 Quality Assurance Child Support Paid Verification for Independent Students

Your application was randomly selected for data verification as part of the U.S. Department of Education's Institutional Quality Assurance Program. You must complete this worksheet and submit any documentation requested below. **Your compliance with QA program requirements is mandatory** to receive any type of federal, state or institutional aid. Other documents, including 2014 tax returns and W-2 forms, may also be required in order to complete your financial aid application. Please see the Student Link for details.

Last Name	First Name	MI	Email Address
Address (Include Apartment Number)		Boston University ID Number	
Dity	State	Zip Code	Date of Birth
Child Support Paid			
FAFSA that you paid child suppo		th you and your spous	n 2014. If you <i>incorrectly</i> indicated on you se PAID child support in 2014, please prin
Name of parent <b>paying</b> child sup	port:		
Name of person to whom child su	upport was paid:		
Total amount of child support pai	d January 1- December 31, 2014:		
Names of the children for whom t	he child support was paid:		
Sign this Workshoot			
Sign this Worksheet	t. I certify that all of the informa	ation reported on it i	s complete and correct.
_	t, I certify that all of the informa	ation reported on it i	s complete and correct.
_	t, I certify that all of the informa	ation reported on it i	s complete and correct.
_	t, I certify that all of the informa	ation reported on it i	s complete and correct.  Parent's Signature

Submit the signed, completed worksheet and attached documentation to:

Boston University Financial Assistance 881 Commonwealth Ave Boston, MA 02215