

Office of Undergraduate Financial Aid 275 Mount Carmel Avenue | Hamden, CT 06518-1908 Phone: 203-582-8750 or 800-462-1944 | Fax: 203-582-4060 finaid@qu.edu | qu.edu | qu.edu/upload



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2023-24 Child Support and Alimony Verification Worksheet

Your 2023–24 Free Application for Federal Student Aid (FAFSA) was selected for a process called verification. To verify that you provided correct answers on the FAFSA, we will compare your answers with the information on this worksheet, and any other required documents. If there are differences, we may need to correct the information that was reported. Please complete and sign this worksheet, attaching any required documents, and continue to monitor Self-Service to avoid missing additional document requests. If you have any questions about verification, please contact our office to avoid processing delays.

avoid missing additional d	locument requests. If you h	ave any questions about	verification, please contact o	ur office to avoid processing	delays.
Student's last name		Student's first name		Student's QU ID#	
Student's street addr	ess			Student's home pho	one number
City		State Zip		Student's cell phone number	
	lowing to include the annu y biological parent and steppan	* *	rom your custodial parent's ho	ousehold in 2021, 2022 and	d projected 2023
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 2021	Amount of child support paid in 2022	Projected amount of child support paid in 2023
ex. John Smith	Jane Doe	Chris Smith, 10	\$10,000	\$15,000	\$15,000
			VED in your custodial parent	's household during 2021 , 2	.022 and projected 2023
Name of person who received child	Name of person who paid child support	Name and age of child for whom	Amount of child support received in	Amount of child support received in	Projected amount of child support

2021

\$10,000

support was received

Chris Smith, 10

2022

\$15,000

received in 2023

\$15,000

support

ex. John Smith

Jane Doe

3.	Alimony	Paid
	D.I	1

Parent's signature (required)

Please complete the following to include the annual amount of alimony PAID in your custodial parent's household in 2021, 2022 and projected 2023 (include payments made by biological parent and stepparent, if applicable):

Name of person who paid alimony support	Name of person who received alimony support	Amount of support paid in 2021	Amount of support paid in 2022	Projected amount of support paid in 2023
ex. John Smith	Jane Doe	\$10,000	\$15,000	\$15,000
I. Alimony Received		() BECEWED:		2021 2022 - 1 1 20
	g to include the annual amount ological parent and stepparent, if app		r custodial parent's household in	2021, 2022 and projected 20
Name of person who received alimony support	Name of person who paid alimony support	Amount of support received in 2021	Amount of support received in 2022	Projected amount of support received in 202
ex. John Smith	Jane Doe	\$10,000	\$15,000	\$15,000
Certification and Signature	es			
			. If you nurnocally give folce or r	.1 1
I certify that all of the informa worksheet, you may be fined, s		is complete and accurate. Note	. If you purposely give laise of I	nisteading information on thi
certify that all of the informa		is complete and accurate. Note	. It you purposely give talse of t	nisicading information on th

Please mail, email, upload or fax this signed and dated worksheet to the Office of Undergraduate Financial Aid listed on the previous page.

Date

(page 2 of 2)