



INDIANA UNIVERSITY
SOUTH BEND

Child Support Form
Independent Student
2026-2027 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@iu.edu Website: financialaid.iusb.edu
Securely upload required documents/forms: go.iu.edu/FAsecure

Student Name _____ Student ID Number _____
(Please Print) Last First Middle

If anyone included in the household received or paid child support in 2024, complete the table below.

Person Who Paid Child Support	Person to Whom Child Support Was Paid	Child for Whom Support Was Paid	Age of Child for Whom Support Was Paid	Annual Amount of Support RECEIVED in 2024	Annual Amount of Support PAID in 2024

The child support reported on the FAFSA was listed in error. Neither myself nor my spouse received or paid child support in 2024.

Certification and Signatures: Each person signing this form certifies that all the information reported is complete and correct. If asked, I will provide documentation of the payment of child support. The student must sign and date the form. **Warning** If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.

Student Signature _____ Date _____

Spouse Signature _____ Date _____