

**For Official Use Only****CLDSUP Status:****2020-2021 Verification of Child Support****Student Name:** _____ **Stonehill ID:** _____

Name of child living in your house	Age of Child	Check this box if this household pays child support for this child	Check this box if this household receives child support for this child	Name of person paying child support for this child	Amount Paid in 2018	Amount Received in 2018
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

Father/Step-Father's Signature: _____

Mother/Step-Mother's Signature: _____

Student Signature: _____ Date: _____

Please return within 10 days of request in PDF format to finaid@stonehill.edu (enter Student name and Stonehill ID in subject line) or mail to Student Financial Assistance, Stonehill College, 320 Washington Street, Easton, MA 02357. Photographed documents sent via email will not be accepted. Please note that a scanner is available for use in the Stonehill College library.