

NAME

Indicate children below

Name of child	Date of birth	Individual responsible for Support payments



CHECK STATEMENTS THAT APPLY:

	My child's	hild's other parent is deceased or disabled; I receive Social Security benefits								
	Payments	are m	nade directly t	o me	- we have no le	egal do	ocument requiring support.			
Payments a <u>re ma</u> de -										
	WEEKLY		MONTHLY		RANDOMLY					

2021 \$

The total received in 2020 \$

No payments of support are made, but the other parent provides, food, clothing, etc.,

We have not settled our separation/divorce; no child support recommendations have been made or agreed.

Truthfulness in Reporting

As you know, completing the Free Application for Federal Student Aid (FAFSA) is required for EOF eligibility. You are responsible for completing this form truthfully and accurately. This information may be subject to review and verification by Ocean County College (OCC), Higher Education Student Assistance Authority (HESAA), Educational Opportunity Fund (EOF), or another Federal Agency.

Please note: Purposefully reporting information that is incorrect or fraudulent may be subject to prosecution, fines, repayment of aid, and loss of EOF eligibility.

Your signature below confirms the accuracy of the information provided.

Signature