

MOORPARK • OXNARD • VENTURA FINANCIAL AID OFFICE

CHILD SUPPORT VERIFICATION FORM

Name: _____ SSN/ID: _____

Proof may be required.

I certify that I pay \$_____ per month to: _____
(name of person to whom child support was paid)*

*If child support was paid to more than one person, please complete a separate form.

Child support is paid for my child/children listed below :

(Name of child 1) (Age)

(Name of child 2) (Age)

(Name of child 3) (Age)

The person signing this form certifies that all the information reported on it is complete and correct.

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY

☐ Approved ☐ Denied

By: _____ Date: _____

VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

