

**2009-2010 VERIFICATION OF CHILD SUPPORT**

RETURN TO:

**Cuyamaca College**  
Financial Aid Office  
900 Rancho San Diego Parkway  
El Cajon, CA 92019-4369  
FAX: 619 660-4279 Phone 619 660-4201

**FINANCIAL AID APPLICANT:**

*(Please print in BLACK INK)*

Name: \_\_\_\_\_ Social Security Number # \_\_\_\_\_  
Last First M.I.

I, \_\_\_\_\_, certify that the total amount of child support I paid  
NAME OF SUPPORT PAYER  
to \_\_\_\_\_ for all children in 2008 was \$ \_\_\_\_\_.  
NAME OF PAYEE

\_\_\_\_\_  
Name of Child Support Payer (Please Print)

\_\_\_\_\_  
Signature of Child Support Payer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Child Support Payee (Please Print)

\_\_\_\_\_  
Signature of Child Support Payee

\_\_\_\_\_  
Date