



Financial Aid Office  
Submit form:  
[Document Submission Portal](#) or by mail  
PO Box 2000, Cortland, NY 13045-0900

## CHILD SUPPORT FORM

In order to assess your financial eligibility for the EOP program, please return completed form to the address on this form or through the [Document Submission Portal](#)

Student's Name \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Cortland ID# C00\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

We certify that \$\_\_\_\_\_ was the total amount of child support received in 2020 for all household members.

Please list children in the family below:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Please list additional children on the back of this form.

### Certification

All the information on this form is true and complete to the best of my knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_