2016-2017
Child Care Expense Form

Student Name: _______________________________ UIN: _______________________

Last       First       MI       (University Identification Number)

Federal regulations permit the addition of child care expenses to a student’s cost of attendance for care expenses incurred while the student attends classes. This form enables you to report the expenses you actually pay for dependents included in your household size on the FAFSA who reside with you and require care while you attend class.

If assistance is received from another agency for dependent care, report only the amount you pay, not the full expense.

I pay $____________ per hour / week / month (please circle one) for dependent care. Additional information I want to provide about my dependent care costs:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Students must submit a letter from the child care provider that states the child’s name, age, the hours of care provided and the cost of their care. The letter must be on company letterhead or signed by the provider and must state what category they are (in-home, family, friend, etc.)

• Please note that the Office of Student Financial Aid will not increase your budget for hours out-side of your class schedule/study time.
• This budget increase may result in additional eligibility for loan funds only.

List dependents that are included in your household size on the FAFSA

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to you</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please indicate which semester you require a budget increase from the list below. The time frame for processing the budget request is listed next to each semester. Return this form each semester along with a note from the child care provider to our office no later than the final date designated for each semester. This form and note will be required each semester you wish to increase your budget since class schedules and course loads can vary greatly from semester to semester.

☐ Fall 2016       June 16, 2016 – November 25, 2016
☐ Spring 2017     November 26, 2016 – April 28, 2017
☐ Summer 2017     April 29, 2017 – June 15, 2017

I certify that ALL the information on this form is complete and correct.

______________________________________________
Print Name

______________________________________________
Student Signature     Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.