



**VERIFICATION OF CHILD CARE EXPENSES
 FALL/SPRING 2009-2010**

Student Name	Date:
Address	ID#: W (or ss#)
City, State, Zip	Email:

Please provide the requested information below on your dependents **12 years of age or under, whom you included in question 96 on your FAFSA (or in Section 4 of FAFSA on the Web), number of family members**, who will be in childcare during the **Fall 09/ Spring 10 semester(s)**. **Do not** include private school tuition, including kindergarten. Childcare expenses may be included in your cost of attendance for the year; however, they do not represent any implied financial aid award to cover these expenses.

Child Care Provider's Name	Child Care Provider's Address / Phone
----------------------------	---------------------------------------

COMPLETE THIS SECTION ONLY FOR FALL09 / SPRING10 SEMESTER(S)

Child's Name	Age	Circle day(s) of the week in childcare	No. of hours in child care each week	Amount that you pay for child care each week	Amount that is paid by another source each week
		M T W TH F S			
		M T W TH F S			
		M T W TH F S			
		M T W TH F S			

Is your spouse (or child's other parent) attending school during 2009/2010? Yes No

If "Yes," please list name and social security number below. You may not both claim childcare expenses for the same child for the same period.

Spouse's (other parent) Name: _____ Social Security #: _____

I hereby certify that the information I have provided above is true and correct. **I understand that it is my obligation to notify the Financial Aid Office if the amount I pay for childcare changes at anytime during the academic year.**

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, prosecuted for fraud, and/or face other charges, and will have to repay any financial aid funds you receive based on information provided on this form.

Student's Signature: _____ Date Signed: _____

I hereby certify that the information provided above is true and correct.

Child Care Provider's Signature _____ Printed Name _____ Date Signed _____ Telephone No. _____