

Student Signature

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2020-2021 Dependent Care Expenses

SECTION A: STUDENT INFORMATION UNT Assigned ID SSN (last 4 digits only) **Student Name** SECTION B: ANTICIPATED ATTENDANCE Please indicate the term(s) you will be paying for pay dependent care expenses: ☐ Fall 2020/Spring 2021 ☐ Fall 2020 Only ☐ Spring 2021 Only ☐ Summer 2021 Only SECTION C: DEPENDENT INFORMATION Please list dependents age 12 and under for whom you, the student, will pay dependent care expenses accrued while attending classes for the 2020-2021 academic year. The dependents must have been included as part of your household on your 2020-2021 FAFSA. Age of **Documentation Full Name of Dependent Relation to Student Dependent** (Required) SECTION D: DOCUMENTATION-REQUIRED ☐ Submit copies of receipts or a tuition agreement from your daycare provider. Handwritten receipts will not be accepted. Documentation must be provided on daycare letterhead, and include the name of each dependent, their age, cost per dependent, and dates verifying current enrollment. ☐ If you have dependents age 12 or older that require special services, please provide a statement explaining required services. Please submit care plan on provider letterhead. Documentation must include the name of dependent, cost of care per dependent, and dates of care. **SECTION E: CERTIFICATION** By signing this form, I certify that this form and all required documentation is complete and accurate. I also certify that the expenses reported are for dependent care expenses accrued while I am attending classes for the 2020-2021 academic year. I understand that a request may be denied or limited for any reason – even if a similar request has been approved in the past. Electronic signatures are not accepted.

Date