

UNIVERSITY OF NEW MEXICO  
STUDENT FINANCIAL AID OFFICE  
VERIFICATION OF CHILD CARE EXPENSES  
FALL/SPRING 2017-2018

<b>Student's Printed Name</b>	<b>UNM ID Number</b>
<b>Telephone Number</b>	<b>E-mail Address</b>

Please provide the information requested below for your dependents age 12 or under, **whom you included in questions 51, 52 and 95 on your Free Application for Federal Student Aid (FAFSA)**, who will be in child care during **FALL/SPRING SEMESTER(S)**.

**Do not** include private school tuition, including Pre-K or kindergarten.

<b>Child Care Provider's Name</b>	<b>Child Care Provider's Address</b>

**COMPLETE THIS SECTION ONLY FOR FALL/SPRING SEMESTER(S)**

Child's Name	Age	Circle day(s) of the week in child care	No. of hours in child care each week	Amount you pay for child care each week	Amount 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 attending UNM during 2017-2018?    Yes    No

If "Yes," please list your spouse's name and UNM ID number below:

<b>Spouse's Name</b>	<b>Spouse's UNM ID Number</b>

I hereby certify that the information I provided above is complete and correct. **I understand that it is my obligation to notify the Student Financial Aid Office if the amount I am paying for child care changes at anytime during the academic year.**

<b>Student's Signature</b>	<b>Date Signed</b>

I hereby certify that the above information is correct to the best of my knowledge and belief.

<b>Child Care Provider's Signature</b>	<b>Printed Name</b>	<b>Date Signed</b>	<b>Telephone Number</b>

The University of New Mexico is an Equal Opportunity/Affirmative Action institution. Pursuant to the Americans with Disabilities Act, if you require this information in alternative format or have special needs, please contact the Office of Student Financial Aid for assistance.