

VERIFICATION OF CHILD CARE EXPENSES

2018-2019

Student's Printed Name	UNM ID Number
Telephone Number	E-mail Address

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 2018 and/or SPRING 2019 SEMESTER(S). Do not include private school tuition, including Pre-K or kindergarten.

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

Child's Name	Age	Circle day(s) of the week in child care	Hours per week in Child Care	Amount you pay per week	Amount paid by another source per 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			
Child Care Provider's Signature		Printed Name		Date Signed	
Child Care Provider's Address			Telephone Number		
Is your spouse attending UNM during 2018-2019? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," please list your spouse's name and UNM ID number below:					
Spouse's Name			Spouse's UNM ID Number		

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.

Student's Signature	Date Signed

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.