

2016-2017 Dependent Care Expenses

SECTION A: STUDENT INFORMATION

Name: _____ UNT Assigned ID: _____ SSN (last 4 digits only): _____

SECTION B: ANTICIPATED ATTENDANCE

Please indicate the term(s) for which you will be paying for dependent care expenses:

Fall 2016/Spring 2017 Fall 2016 Only Spring 2017 Only Summer 2017 Only

SECTION C: DEPENDENT INFORMATION

Please list the people in your household for whom you, **the student**, will pay dependent care expenses accrued while you are in classes for the 2016-2017 school year. Please attach documentation (i.e., daycare expenses/receipt) for each dependent listed.

| Full Name of Dependent | Age of Dependent | Relation to Student | Documentation Attached |
|------------------------|------------------|---------------------|--------------------------|
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |

SECTION D: CERTIFICATION

I certify that all the information contained on this form is complete and correct. I also certify that the expenses reported above are for dependent care expenses accrued while I am attending my classes for the 2016-2017 academic year. I understand that I must sign and return this form for my financial aid to be processed.

Electronic signatures are not accepted.

Student Signature _____

Date _____

X _____

Return this completed form with any required documentation to:

Student Financial Aid & Scholarships, University of North Texas - 1155 Union Circle #311370, Denton, TX 76203-5017
or fax to (940) 565-2738 or save and attach as PDF and email to financialaid@unt.edu