

## 2015-2016 Dependent Care Expenses

### SECTION A: STUDENT INFORMATION

Name:	UNTD Assigned ID:	SSN (last 4 digits only):
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### SECTION B: ANTICIPATED ATTENDANCE

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

- Fall 2015/Spring 2016     
  Fall 2015 Only     
  Spring 2016 Only     
  Summer 2016 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 2015-2016 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 2014-2015 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 at Dallas- 73000 Univeristy Hills Blvd, Dallas, TX 75241  
or fax to (972) 780-3636 or save and attach as PDF and email to [financialaid@untDallas.edu](mailto:financialaid@untDallas.edu)