Purchase College
STATE UNIVERSITY OF NEW YORK

2020-2021 Dependent Care Expense Form

Securely upload documents by logging into your MyHeliotrope account at https://apps.purchase.edu/SecureDocumentUpload/SDU/101/

You are receiving this form as your 2020-2021 FAFSA application indicated that you were responsible for one or more dependents. Complete this form by listing your dependents and the expenses you pay on their behalf.

Student Name	*Purchase ID*

EXPENSES

Will you pay childcare or dependent care expenses from July 1, 2020 through June 30, 2021?

☐ **NO** ☐ **YES** Please indicate the total cost you will pay in the 2020-2021 academic year: $_____

DEPENDENTS

NAME	AGE	RELATIONSHIP

SIGNATURES

Each person signing this form certifies that the information reported on it is complete and correct. The student and spouse (if applicable) must sign and date. If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

	Printed Name	Signature	Date
STUDENT:			
SPOUSE: (if applicable)			