

You are receiving this form as your 2022-2023 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, 2022 through June 30, 2023?

 NO **YES** Please indicate the total cost you will pay in the 2022-2023 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.

STUDENT:

Printed Name

Signature

Date

SPOUSE:
(if applicable)

Printed Name

Signature

Date