

You are receiving this form as your 2023-2024 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, 2023 through June 30, 2024?

 NO **YES** Please indicate the total cost you will pay in the 2023-2024 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