

Name: **Purchase ID#:**

You are receiving this form as your 2026-2027 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.

Expenses:		
Will you pay childcare or dependent care expenses from July 1, 2026 through June 30, 2027?	<input type="checkbox"/> Yes	If yes, please indicate the total cost you will pay in the 2026-2027 academic year: \$ _____ <input type="checkbox"/> No

Dependents:		
Name	Age	Relationship

Signatures:			
By signing this form, each individual certifies that all information provided is true and accurate. Both the student and at least one parent are required to provide handwritten signatures. Please be aware that submitting false or misleading information may result in federal penalties. <i>Electronic signatures are not accepted.</i>			
Student:	_____	_____	_____
	Printed name	Signature	Date
Spouse (If applicable):	_____	_____	_____
	Printed name	Signature	Date

Please submit this document using one of the following methods:
 Email: sfs@purchase.edu | Fax: 914-251-6356 | Secure Document Upload:
<https://apps.purchase.edu/securedocumentupload/sdu/101/>

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F_DEP CARE EXPENSE	DCEXP