

University of New Mexico  
 Student Financial Aid Office  
 Verification of Child Care Expenses  
 Summer 2017

<b>Student's Printed Name</b>	<b>UNM ID Number</b>
<b>E-mail Address</b>	<b>Telephone Number</b>

Please provide the information requested below for your dependents age **12 or under**, **whom you included in questions 51, 52 and 95 on your Free Application for Federal Student Aid (FAFSA)**, who will be in child care during the **Summer semester**.

**Do not** include your dependents attending private school, including Pre-K or kindergarten.

<b>Child Care Provider's Name</b>	<b>Child Care Provider's Address</b>

**COMPLETE THIS SECTION FOR ONLY THE SUMMER SEMESTER**

Child's Name	Age	Circle day(s) of the week in child care	No. of hours in child care each week	Amount you pay for child care each week	Amount paid by another source each week
		M T W TH F S			
		M T W TH F S			
		M T W TH F S			
		M T W TH F S			

Is your spouse attending UNM during the Summer semester?     Yes     No

If "Yes," please list your spouse's name and UNM ID number below:

<b>Spouse's Name</b>	<b>Spouse's UNM ID Number</b>

**I hereby certify that the information reported is true and correct. I understand that it is my obligation to notify the Student Financial Aid Office if the amount I am paying for child care changes at any time during the semester.**

<b>Student's Signature</b>	<b>Date Signed</b>

I hereby certify that the above information is correct to the best of my knowledge and belief.

<b>Child Care Provider's Signature</b>	<b>Printed Name</b>	<b>Date Signed</b>	<b>Telephone Number</b>

The University of New Mexico is an Equal Opportunity/Affirmative Action institution. Pursuant to the Americans with Disabilities Act, if you require this information in alternative format or have special needs, please contact the Office of Student Financial Aid for assistance.