

UNIVERSITY OF NEW MEXICO
OFFICE OF STUDENT FINANCIAL AID
VERIFICATION OF CHILD CARE EXPENSES
FALL/SPRING 2007/2008

PLEASE RETURN THIS COMPLETED FORM TO THE UNM CAMPUS YOU ARE ATTENDING.

Student's Name	UNM ID No.
E-mail Address	Telephone No.

Please provide the information requested below for your dependents **12 or under, whom you included in questions 51 and 90 on your FAFSA**, who will be in child care during **FALL/SPRING SEMESTER(S)**. Do not include your dependents attending private school, including kindergarten.

Child Care Provider's Name	Child Care Provider's Address

COMPLETE THIS SECTION ONLY FOR FALL/SPRING SEMESTER(S)

Child's Name	Age	Circle day(s) of the week in childcare	No. of hours in child care each week	Amount you pay for child care/week	Amount paid by another source/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 school during 2007/2008? Yes No If "Yes," please list your spouse's name and social security number below:

Spouse's Name	Spouse's Social Security No.

If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

I hereby certify that the information I provided above is true and correct. **I understand that it is my obligation to notify the Office of Student Financial Aid if the amount I am paying for child care changes at anytime during the academic year.**

Student's Signature	Date Signed

I hereby certify that the information provided above is true and correct.

Child Care Provider's Signature	Printed Name	Date Signed	Telephone No.