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## 2019 - 2020 CHILD CARE/DEPENDENT CARE EXPENSES

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If you pay child or dependent care expenses for the time you are engaged in educational related activities (attending class, commute time, and study time), we may be able to increase your cost of attendance for these expenses.

By submitting this form, you are requesting an increase in your Student Budget and therefore, an increase in your Direct Stafford Student loans (up to the maximum annual loan limits). This request will not increase your eligibility for grants. If you wish to be considered for the unsubsidized loan and your award letter does not include this award, you must complete and submit the Unsubsidized Stafford Loan Request form (found at [lanecc.edu/finaid/forms](http://lanecc.edu/finaid/forms)) and attach it to this request.

***For an independent student, the Direct Stafford student loan annual limits are:***

- \$9,500 (of which a maximum of \$3,500 can be subsidized loan) - if you are in the first year of your program or enrolled in a one-year program.
- \$10,500 (of which a maximum of \$4,500 can be subsidized loan) - if you are in the second year of a two-year program.

**Instructions:**

1. The student requesting the budget increase must complete and sign Section I
2. The childcare provider must complete and sign Section II
3. Return the second page of this form by mail to Attn: Financial Aid, place in the drop box located in the lobby of Building 1, or fax to 541-463-3983.

**IMPORTANT**

- *Incomplete forms will not be processed. You will be required to submit a new form in its entirety.*
- *If the amount of child/dependent care expenses you pay is higher than community standards, the Financial Aid Office will add childcare to your Student Budget at a lower amount than you are paying.*
- *This request does not guarantee an increase in loans. There are many factors taken into consideration before increasing loan debt.*

**This form cannot be submitted electronically.  
After completing the form, print and submit a paper copy to our office for processing.**

**2019 - 2020**  
**CHILD CARE/DEPENDENT CARE EXPENSES**

Student Name: \_\_\_\_\_ Student #: L \_\_\_\_\_

**Section I** (to be completed by student)

1. List the children in your household for which you will be paying dependent care expenses:

| Name of Child/Dependent | Age | Relationship to You | Name of child's other parent (only if other parent is attending college) |
|-------------------------|-----|---------------------|--|
|                         |     |                     |  |
|                         |     |                     |  |
|                         |     |                     |  |
|                         |     |                     |  |

2. I will attend 6+ credits during:     Summer     Fall     Winter     Spring

3. I will pay child/dependent care expenses during:     Summer     Fall     Winter     Spring

4. Do you receive child care subsidies from other resources (e.g. AFS, Child Care Block Grant, etc)?  
 No     Yes    If yes, indicate how much per month \$ \_\_\_\_\_

*By signing below, I certify that the above information is true and correct. I also understand that if I give false or misleading information, I may be fined up to \$20,000, sent to prison, or both. In addition, I give permission for you to verify the information on this form with the care provider listed in Section II below.*

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**Section II** (to be completed by care provider)

Care Provider Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

| Names of individuals in your care for the above student | Estimated monthly charges |
|---|---------------------------|
|   | \$                        |
|   | \$                        |
|   | \$                        |
|   | \$                        |
| <b>Total</b>  | \$                        |

*By signing below, I certify that the above information is true and correct. I understand that I may be contacted to verify the information provided.*

Care provider's signature: \_\_\_\_\_ Date \_\_\_\_\_