



Child Care Budget Increase Request

THIS FORM MUST BE SUBMITTED BEFORE APRIL 15 OF THE CURRENT ACADEMIC YEAR

Student Name: _____ NSHE ID: _____
E-mail Address: _____ Phone Number: _____
COMPLETE Physical Address: _____

Costs incurred for child care for class attendance, field work, internships, work-study, commuting, and study time can be authorized for single parents and students with working spouses where the spousal income is at least 150% of the amount requested.

SECTION 1: CHILD CARE INFORMATION

Provide the name and age of each child in the boxes below, then indicate whether or not they live with you full-time by checking the appropriate box. If more space is needed, attach a separate page.

1. Child Name: Age: [] Check if child lives with you full-time.
2. Child Name: Age: [] Check if child lives with you full-time.
3. Child Name: Age: [] Check if child lives with you full-time.

If any child listed above does not live with you, explain why and when child care is needed in the lines provided below.

Print COMPLETE name of day care provider: _____
Provider's COMPLETE address: _____
Provider's Phone Number: _____

Is the child care provider related to you? [] Yes [] No
If yes, state relationship and the reason why you are using him/her: _____

If your day care provider is not licensed, a copy of your IRS tax return schedule itemizing "child and dependent care expense" paid for the most recent tax year MUST be attached to this form when submitted to our office. If your provider is licensed, provide their Federal Tax I.D. Number below.
Federal Tax I.D. Number: _____



Office of Student Financial Aid & Scholarships

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OFFICE USE ONLY

Student Name: _____ NSHE ID: _____

SECTION 2: INCOME INFORMATION

Total adjusted gross income for most recent tax year: _____
Spouse's portion: _____
Is spouse employed full-time? Yes No
If NO, average hours worked per week: _____

SECTION 3: CERTIFICATION

I authorize the Office of Student Financial Aid and Scholarships at the University of Nevada, Reno to contact the provider identified above for the purpose of verifying expected child care costs. I understand only loans, if available, will be used to fund this expense.

Student Signature: _____ **Date:** _____

SPACE INTENTIONALLY LEFT BLANK

FOR OFFICE USE ONLY

FAO Initials: _____ Date form mailed to provider: _____

CONTACT US Phone: 775-784-4666 Fax: 775-784-1025 E-mail: finaid@unr.edu Location: 3rd Floor, Fitzgerald Student Services Bldg.