



LAKE FOREST  
COLLEGE

## 2014 - 2015 Unusual Expense Form

### Background. Allowable Expenses

The expenses noted below may affect eligibility for financial aid. **Complete this form only if the parent whose information was reported on your FAFSA will pay at least \$2,000 for such expenses in 2013 or 2014.**

**Do not use this form** to report healthcare or educational expenses. Go to [www.lakeforest.edu/ofaforms](http://www.lakeforest.edu/ofaforms) for the proper form.

### Please Print

Student's Name: \_\_\_\_\_  Lake Forest ID# or  Last four of SSN: \_\_\_\_\_

Parent Completing this Form: \_\_\_\_\_

Parent's Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Parent's E-Mail: \_\_\_\_\_

### ➤ Step 1. What expense did you or will you have? Check the appropriate box, indicate the amount paid in that category, and provide details of the expense.

- |   |          |  |          |
|---|----------|--|----------|
| <input type="checkbox"/> Dependent Care | \$ _____ | <input type="checkbox"/> Home Repairs (non-elective)   | \$ _____ |
| <input type="checkbox"/> Legal Fees     | \$ _____ | <input type="checkbox"/> Support of Extended Family    | \$ _____ |
| <input type="checkbox"/> Funeral Costs  | \$ _____ | <input type="checkbox"/> Unreimbursed business expense | \$ _____ |
| <input type="checkbox"/> Other :        | _____    |  | \$ _____ |

Include names of affected person(s), nature of and reason for the expense, whether or not the expense repeats, etc.

### ➤ Step 2. When did you pay it?

Date the bill was (or will be) paid: \_\_\_/\_\_\_/\_\_\_ If a period of time, provide start and end dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

### ➤ Step 3. How did you pay it?

Example: by credit card, through a payment plan, from savings or investment account, from retirement fund, etc.

### ➤ Step 4. Provide documentation.

Ex: a signed statement from the caregiver, copy of billing statement or estimates, etc.

**Certification:** All information has been completed according to the instructions, and is true and complete to the best of my knowledge. I agree to provide any documentation that will verify the accuracy of this information. I understand that if I purposely give false or misleading information, I may be fined up to \$20,000, sent to prison, or both.

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date*

**Office Use** Doc'n Complete:  Yes  No **Total U/E Used:** \_\_\_\_\_ **Data Entry Done**  **Initials/Date:** \_\_\_\_\_  
Notes: \_\_\_\_\_ NEW RETG