2016 - 2017 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 2015 or 2016.

Do not use this form to report healthcare or educational expenses. Go to www.lakeforest.edu/ofaforms for the proper form.

Please Print

Student's Name: ____________________________ Lake Forest ID# or Last four of SSN: ____________________________
☐ I will be a new student at Lake Forest  ☐ I am a current student at Lake Forest  ☐ I am applying for readmission
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.

☐ Dependent Care $____________________  ☐ Home Repairs (non-elective) $____________________
☐ Legal Fees $____________________  ☐ Support of Extended Family $____________________
☐ Funeral Costs $____________________  ☐ Unreimbursed business expense $____________________
☐ 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 making monthly payments, 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 ____________________________

Fax, mail or scan the completed form along with any applicable supporting documents to:
Office of Financial Aid  555 North Sheridan Road  Lake Forest Illinois 60045-2338
www.lakeforest.edu/finaid  finaid@lakeforest.edu  Phone: 847-735-5103  Fax: 847-735-6271

Office Use
Doc’n Complete: ☐ Yes  ☐ No  Total U/E Used: ______________________  Data Entry Done ☐ Initials/Date: ______________
Orig EFC: ____________  Adj EFC: ____________
Notes: __________________________________________________________________________

NEW RETG