



LAKE FOREST  
COLLEGE

## 2021 - 2022 Second Household Expense Form

**Complete this form** to report the expenses your family pays due to a work-related assignment, resulting in one parent living at another address (referred to as "secondary address") **after January 1, 2021**. You may not include costs paid for or reimbursed by your employer, or paid by another person (ex. roommate). **The affected parent should provide all answers.**

Please Print

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

I am a new student at Lake Forest       I am a returning student at Lake Forest

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

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

### ➤ Step 1. Provide Details

When did you begin living at the secondary address? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

When do you expect this arrangement to end? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ or  Indefinitely

Number of miles from your primary address \_\_\_\_\_

How often do you return to your primary address?  Weekly     Every Two Weeks     Monthly     Other: \_\_\_\_\_

What is the total travel cost (round trip) each time you return? \$\_\_\_\_\_

### ➤ Step 2. Provide a Brief Explanation. Please Print

Briefly describe the reason(s) this arrangement became necessary.

### ➤ Step 3. Provide Monthly Costs for the Second Address

Rent: \$\_\_\_\_\_ Utilities: \$\_\_\_\_\_ Phone: \$\_\_\_\_\_ Other: \$\_\_\_\_\_ [\_\_\_\_\_]

### ➤ Step 4. Provide Documentation. \* Required \*

Attach copies of rental agreement, samples of utility bills, travel costs, etc.

### ➤ Step 5. Signatures

**Certification:** All information provided 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 – we cannot accept a typed signature

\_\_\_\_\_  
Date

If possible, please return as a .pdf by email along with any applicable supporting documents. It may also be faxed or mailed.

Office of Financial Aid ♦ 555 North Sheridan Road ♦ Lake Forest Illinois 60045-2338  
lakeforest.edu/finaid ♦ finaid@lakeforest.edu ♦ Phone & Fax: 847-735-5103

Office Use Scanned  Data Entry Done  Doc'n Complete  Yes  No  If "no" family notified \_\_\_/\_\_\_ Initials/Date: \_\_\_\_\_  
Orig EFC: \_\_\_\_\_ Adj EFC: \_\_\_\_\_ Monthly Exp: \_\_\_\_\_ x 12 - \_\_\_\_\_ = Allowance: \_\_\_\_\_ NEW RETG

Notes: