



LAKE FOREST  
COLLEGE

## 2021 - 2022 Unusual Expense Form

**Complete this form if the parent whose information was reported on your FAFSA will pay at least \$2,000 for non-elective expenses in calendar year 2020 or 2021. Do not include healthcare or educational expenses here, but find the form at [lakeforest.edu/ofaforms](http://lakeforest.edu/ofaforms).**

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. Identify the type of expense.

- Auto Repairs (only unusual/large)     Dependent Care     Funeral Costs     Home Repairs (non-elective)  
 Legal Fees     Support of Extended Family     Tax Debt, prior year     Unreimbursed Busn Expenses  
 Other \_\_\_\_\_

### ➤ Step 2. Identify the amount of the expense? Include only the amount actually paid each year (may not equal the amount billed).

(Ex: on 7/1/20 credit card paid a \$4000 bill; you plan to pay \$200/mo (20 months); you report \$1200 for 2020 and \$2400 for 2021.)

Total Amount Paid in 2020 \$ \_\_\_\_\_      Total Amount Paid in 2021 \$ \_\_\_\_\_

### ➤ Step 3. Provide details of each expense, such as name of person for whom expense was paid, who received payment (daycare provider, contractor, law firm, family member), etc. Include date(s) incurred and paid. Was it a "one-time" cost or recurring payment?

Please Print

### ➤ Step 4. Provide documentation of each expense. Contact our office if you are not sure what to provide.

Examples include billing statements, receipt/invoice, canceled checks (include a representative sample), statement from care provider, copy of death certificate or obituary, IRS Form 2106 (for Unreimbursed Business Expenses; sign at the bottom) itemized list of qualifying/allowable expenses. Preferred submission by .pdf.

### ➤ Step 5. Signature

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](mailto: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: \_\_\_\_\_      Total Expense Used: \_\_\_\_\_

NEW    RETG

Notes: