



LAKE FOREST  
COLLEGE

## 2022 - 2023 Unusual Expense Form

**Complete this form** if the parent whose information was reported on your FAFSA paid in 2021 or will pay in 2022 **at least \$2,000 for non-elective expenses**. Do not include healthcare or educational expenses here; separate forms are found 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. The Type of Expense

- Auto Repairs     Chptr 13 Bankruptcy       Dependent Care       Funeral Costs       Home Repairs (*non-elective*)  
 Legal Fees       Support of Extended Family       Tax Debt, prior year       Unreimbursed Busn Expenses  
 Other \_\_\_\_\_

### ➤ Step 2. The Year and Amount of the Expense in which the *total you actually paid* (not just billed) was the largest.

What year's expenses do you want us to consider?     2021     2022

What did (or will) you pay for expense(s) in that year?      \$ \_\_\_\_\_

If 2021 is reported, how will 2022 expenses compare?     Similar     Significantly less (estimated amt)      \$ \_\_\_\_\_

### ➤ Step 3. Did you report this expense to us for the 2021-2022 academic year?

Yes     No     Not sure

### ➤ Step 4. Describe the Expense(s) including general dates incurred/paid, and if it was a "one-time" cost or recurring payment.

Please Print

### ➤ Step 5. Document the Expense(s).

Include a **representative sample** of billing statements, invoices, canceled checks, itemized list of expenses, etc. **by .pdf if possible**.

### ➤ 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: \_\_\_\_\_