LAKE FOREST COLLEGE

2026 - 2027 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") on or after July 1, 2026. Do 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 a brief description of the reason(s) this arrangement became necessary. Please Print

➢ Step 2. Provide Details

When did you begin living at the secondary address? (month/year) ___/___

When do you expect this arrangement to end? (month/year) ___/___

Number of miles from your primary address _____

How many times per month do you return to your primary address? _____

➢ Step 3. Provide monthly costs for the second address

Rent: $_____ Utilities: $_____ Phone: $_____ Travel cost: $_____ (use $0.70/mile, for car)

Other [_____] $_____

➢ Step 4. Provide Documentation

Attach copies of rental agreement, and representative 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 mailed or faxed.

Office of Financial Aid ◆ 555 North Sheridan Road ◆ Lake Forest Illinois 60045-2438

lakeforest.edu/finaid ◆ finaid@lakeforest.edu ◆ Phone: 847-735-5103 ◆ Fax: 847-735-6271

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: