LAKE FOREST COLLEGE

2026 - 2027 Unusual Expense Form

Complete this form only if the parent whose information is reported on your FAFSA paid in 2025 or will pay in 2026 **at least $2,000** for uncommon, non-elective expenses. **Do not include** credit card debt, pets, trips, etc., or the same expenses submitted in a prior year. **Do not include** healthcare costs or educational expenses, as these are reported on their own unique form(s).

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. For each expense, identify the type, year, and amount actually paid (or expected to be paid) in that year.

❑ Auto Repairs	❑ 2025 $_____	❑ 2026 $_____	❑ Bankruptcy (Chpt13)	❑ 2025 $_____	❑ 2026 $_____
❑ Child Support	❑ 2025 $_____	❑ 2026 $_____	❑ Dependent Care	❑ 2025 $_____	❑ 2026 $_____
❑ Funeral Costs	❑ 2025 $_____	❑ 2026 $_____	❑ Home Repairs	❑ 2025 $_____	❑ 2026 $_____
❑ State Taxes	❑ 2025 $_____	❑ 2026 $_____	❑ Support to Relatives	❑ 2025 $_____	❑ 2026 $_____
❑ Tax Debt, prior year	❑ 2025 $_____	❑ 2026 $_____			
❑ Other	❑ 2025 $_____	❑ 2026 $_____	➢ Details:_____		

➢ Step 2. Describe what makes the expense(s) unique and if it was a "one-time" event or a recurring bill. If recurring, provide the known or estimated ending date.

Please Print

Ex: October '25 my father died; we paid $10,000 for burial in 11/25, then $3000 in 2/26; $8000 will be paid (6-26 to 8/26) to replace 40-yr old driveway

➢ Step 3. Document the Expense(s).

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

➢ Step 4. Did you report a similar expense in a prior academic year?

❑ Yes ❑ No ❑ Not sure

➢ 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 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: _____ **Total Expense Used**: _____ NEW RETG

Notes: