



LAKE FOREST COLLEGE

2019 - 2020 Unusual Expense Form

Complete this form only if the parent whose information was reported on your FAFSA will pay (or is expected to pay) **at least \$2,000** for such expenses in a calendar year (2017, 2018, or 2019). **To report healthcare or educational expenses**, find the appropriate form at 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.

- Dependent Care Funeral Costs Home Repairs (non-elective) Legal Fees Support of Extended Family
- Unreimbursed Busn Expenses Other _____

➤ Step 2. How much was the expense? Include the amount actually paid in the year, *which may not be* the amount billed. (Ex: on 7/1/18 credit card paid a \$4000 bill; you plan to pay \$200/mo (20 months); **you report \$1200 for 2018 and \$2400 for 2019.**)

Total Amount Paid in 2017 \$_____ Total Amount Paid in 2018 \$_____ Total Amount Paid in 2019 \$_____

➤ Step 3. Provide documentation of EACH expense. Contact our office if you are not sure what to provide.

Examples include canceled checks or receipt/invoice, 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.

➤ Step 4. 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

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

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

Office Use Scanned Doc'n Complete: Yes No **Total U/E Used:** _____
Orig EFC: _____ Adj EFC: _____

Data Entry Done
Initials/Date: _____