



LAKE FOREST COLLEGE

## 2019 - 2020 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") **after January 1, 2019**. You may 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. Details

When did you begin living at the secondary address? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

When do you expect this arrangement to end? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ or  Indefinitely

Number of miles from your primary address \_\_\_\_\_

How often do you return to your primary address?  Weekly     Every Two Weeks     Monthly     Other: \_\_\_\_\_

#### ➤ Step 2. Explanation

Briefly describe the reason(s) this arrangement became necessary.

#### ➤ Step 3. Your monthly costs at the secondary address

Rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_ Phone: \$ \_\_\_\_\_ Travel to primary address: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

#### ➤ Step 4. Documentation. \* Required \* Attach copies of rental agreement, samples of utility bills, travel costs, etc.

**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 \_\_\_\_\_

Fax, mail or scan the completed form along with any applicable supporting documents to:

Office of Financial Aid ♦ 555 North Sheridan Road ♦ Lake Forest Illinois 60045-2338

www.lakeforest.edu/finaid ♦ finaid@lakeforest.edu ♦ Phone: 847-735-5103 -5010 ♦ Fax: 847-735-6271

Office Use Doc'n Complete:  Yes  No Total Monthly: \$ \_\_\_\_\_ x 12 = \$ \_\_\_\_\_ (Total/ComPay) Data Entry Done  Initials/Date: \_\_\_\_\_  
Notes: \_\_\_\_\_ NEW RETG