Name: ________________________________ FAU Z NUMBER: ____________________________
Address: ______________________________
FAU EMAIL: ____________________________

Instructions: Select the option that describes your situation.

___ I am requesting an amendment to my budget due to child care expenses for the 2017-2018 academic year.

Required Documentation:
- Notarized statement that includes number of children, number of hours per week child care required (for travel/class/study related time; not work hours) as well as the name and location of caregiver.
- Statement from caregiver confirming child/children in their care and the hourly/weekly charges.
- Copy of receipts/checks or contract for said care.

___ I am requesting an amendment to my budget due to dependent care expenses for the 2017-2018 academic year.

Required Documentation:
- Notarized statement that includes name/relationship of the student to the individual requiring dependent care, number of hours per week care required (for travel/class/study related time; not work hours) as well as the name and if relevant, location of caregiver.
- Statement from caregiver confirming individual in their care and the hourly/weekly charges.
- Copy of receipts/checks or contract for said care.

Attach required documentation, sign and submit this form to the nearest Office of Student Financial Aid.

By signing below, I certify that the information reported above is complete and correct:

__________________________________________________________________________
Student Signature Date

FINANCIAL AID SECTION
Budget Adjustment Completed: □ Yes □ No □ Documentation Required

__________________________________________________________________________
Counselor Signature Date

Revised: 11/29/16