

# 2020-2021 Financial Aid Out-of-Pocket Child/Dependent Care Expense Form

***Please read the following carefully to see if you qualify under federal guidelines.***

Federal regulations permit CNM Financial Aid and Scholarship Services to include an allowance to a student's Cost of Attendance (COA) based on expenses incurred from dependent or child care. This **does not** include costs to support a child.

Please be aware the addition of dependent care expenses may not result in additional financial aid due to federal student aid program limits. Dependent care expenses cannot be claimed for financial aid purposes by another student, either here at CNM or another institution and dependent care costs **cannot be paid by any other agency source.**

NAME \_\_\_\_\_  
Last
First
MI
Student ID Number

PHONE NUMBER \_\_\_\_\_ CNM EMAIL ADDRESS \_\_\_\_\_

Please list below the dependents for whom you pay out-of-pocket daycare/dependent care expenses for your household (child, spouse, parent or siblings). The dependent must have been included in the number in household on the Free Application for Federal Student Aid (FAFSA).

Name of Family Member	Age	Relationship	Childcare Provider Information	Amount You Pay Per Week <b>Out-of-Pocket</b>
			Name	
			Phone Number	
			Name	
			Phone Number	
			Name	
			Phone Number	
			Name	
			Phone Number	
			Name	
			Phone Number	

**Certification Statement and Signature**

By signing this form, I certify that the information provided is true and accurate. I understand that any false statement or misrepresentation may be cause for repayment of financial aid, a fine, and/or jail sentence. I authorize the CNM Financial Aid and Scholarship Services to contact the provider(s) listed above for additional or clarifying information.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

