UNIVERSITY OF ILLINOIS AT CHICAGO – Office of Student Financial Aid and Scholarships
1200 W. Harrison Street, M/C 334 -- Chicago, Illinois 60607-7163 -- Phone: (312) 996-3126

2020-2021 Budget Adjustment - Child Care

Section A – Student Information (Please print clearly)

Last Name First Name M.I. Email

Street Address City State Zip Code

Section B – Child Care Guidelines

For a student with dependents, an allowance for costs expected to be incurred for dependent care may be included in your cost of attendance. This covers care during periods that include, but are not limited to, class time, study time, field work, internships, and commuting time for the student. If approved, the amount of the allowance will be based on the number and age of such dependents and will not exceed reasonable costs in the community for the kind of care provided.

Documentation required: Copies of three months of cancelled checks, and/or receipts made payable to the child care provider. Or, submit a copy of a signed contract, it should clearly state the start date, end date, and the cost.

What is your current martial status: ( ) Single ( ) Married ( ) Separated/Divorced
Note: Monthly expenses are divided equally if the student is married.

Name of Legal Dependent	Age	Monthly Babysitting/Daycare Costs	Number of Months*

*Annual and aggregate loan limits may restrict eligibility for federal loans; therefore, if your request is approved and you have reached your loan limits, only your eligibility for private loans may be affected. Number of months you will be paying child care during the 2020-2021 academic year (August 2020 - May 2021). Summer term (May 2021 - August 2021) is a separate request.

Section C – Statement of Certification

IMPORTANT: Return this form to Student Financial Aid and Scholarships. When submitting documentation:
1. **Clearly print UIN on every page of 8 ½ x 11 legible copies.**
2. **Include all appropriate signatures.**

I certify that the information provided on this form and any attachments are true and correct.

Student Signature: _____ **Date:** _____

ENTER YOUR 9-DIGIT **UIN** →

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