

Budget Appeal Dependent Care Affidavit

A. Student Information

Student Name:	7-digit NAU ID Number:
Phone:	NAU Email:

B. Dependent(s) and Expenses

Daycare Facilities: Please provide itemized statements of care provided as well as paid receipts. Statements must be on facility letterhead.

Private Provider (including care provided by family member or friend): A signed and dated contract from the private provider that includes the name of the dependents cared for, days of week, hours per week that care is provided. Total weekly charges and state payment amount, as well as payment date.

Name of dependent	Relationship to you (Example: daughter, son, spouse, elder)	# of Days of Week That Care is Provided	Total Hours per week	Total weekly cost
				\$
				\$
				\$
				\$
				\$
				\$

C. Agreement and Understanding

By signing below, I acknowledge that I have read and understood all the information outlined in this form. All of the information I am providing is true and accurate.

Signature:	Date:
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