**Budget Appeal   
Affidavit – Dependent Care**

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| 1. **Student Information** | | | | | | | | |
| **Student Name:** |  | | | **7-digit NAU ID Number:** | | |  | |
| **Phone:** |  | | | **NAU Email:** | | |  | |
| **B. Dependents and Expenses** | | | | | | | | |
| **Daycare Facilities**: Please provide itemized statements of care provided as well as paid receipts. Statements must be on facility letterhead. Statements must be in student’s name.  **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. Statement must include student’s name.  At least one full month of expenses must be submitted with the appeal. | | | | | | | | |
| **Dependent Name** | | **Relationship to you**  **(Daughter, Son, Spouse, Parent, etc.)** | **# of Days per Week That Care is Provided** | | **Total Hours Per Week** | **Total Amount Per Week** | | **Total Monthly Cost** |
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| **D. Agreement and Understanding** | | | | | | | | |
| By signing below, I acknowledge that I have read and understood all the information outlined in this form. I attest that all information that I am providing is true and accurate. I acknowledge that I understand that only expenses incurred by me, as the student, are considered for the appeal process.  **Signature must be hand-written, typed or electronic signatures will not be accepted.** | | | | | | | | |
| **Typed – Student First and Last Name** | | | | |  | | | |
| **Student Signature** | | | | |  | | | |
| **Date** | | | | |  | | | |