

**Cost of Attendance Appeal
Affidavit – Dependent Care**

A. Student Information					
Student Name:		7-digit NAU ID Number:			
Phone:		NAU Email:			
B. Dependents and Expenses					
<p>Daycare Facilities: Please provide itemized statements of care provided as well as paid receipts. Statements must be on facility letterhead. Statements must be in the student’s name.</p> <p>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 dependent(s) cared for, days of the week, hours per week that care is provided, weekly charges and state payment amount, as well as payment date. Statement must include student’s name.</p> <p>At least one full month of expenses must be submitted with the appeal.</p>					
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
D. Agreement and Understanding					
<p>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.</p> <p>Signature must be hand-written, typed or electronic signatures will not be accepted.</p>					
Typed – Student First and Last Name					
Student Signature					
Date					