



## 2008-2009 CHILD CARE BUDGET INCREASE REQUEST

This form may be submitted between June 1, 2008 and April 15, 2009.

Costs incurred for child care for class attendance, field work, internships, work-study, commuting and study time can be authorized for single parents and students with working spouses where the spousal income is at least 150% of the amount requested. Child care must be provided in a licensed day care center or home and/or the payment for the previous year was claimed on the income tax return. Maximum allowed is \$400 per month for each child under 13 years of age requiring care or the amount charged, whichever is **less**. Per federal regulations, the child must be a legal dependent and reside with the student. Complete and submit this form to our office. The office will verify this information with the provider.

Student Name: \_\_\_\_\_ Student ID: R \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street Apt. City State Zip Code

University E-mail: \_\_\_\_\_@unr.nevada.edu Local Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Name and Age of each child: \_\_\_\_\_

Do they live with you full-time? \_\_\_\_\_ YES \_\_\_\_\_ NO. If NO, describe why and when child care is needed \_\_\_\_\_

Total adjusted gross income for most recent tax year \$ \_\_\_\_\_ Spouse's portion \$ \_\_\_\_\_

Is spouse employed full-time? \_\_\_\_\_ YES \_\_\_\_\_ NO. If NO, average hours worked per week \_\_\_\_\_

Print COMPLETE Name of Day Care Provider \_\_\_\_\_

Provider's COMPLETE Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ \*\*Federal Tax I.D. Number \_\_\_\_\_

Is the child care provider related to you?: \_\_\_\_\_ NO \_\_\_\_\_ YES --If YES, please state relationship and reason why you are using him/her: \_\_\_\_\_

**CERTIFICATION:** I authorize the Office of Student Financial Aid and Scholarships at the University of Nevada, Reno to contact the provider identified above for the purpose of verifying expected child care costs. I understand only loans, if available, will be used to fund this expense.

\_\_\_\_\_

**Student Signature** **Date**

**\*\*If provider is not licensed, a copy of your IRS tax return schedule itemizing "child and dependent care expense" paid for the most recent tax year MUST be attached to this form when submitted to our office.**

**FOR OFFICE USE ONLY:**

Initial: \_\_\_\_\_ Date form mailed to provider: \_\_\_\_\_

SSN# \_\_\_\_\_