



**Financial Aid, Student Employment & Military Education Benefits**

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# Daycare Expense Verification

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Student ID Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**The following section is to be completed by the student.**

I certify that the above statements are true and accurate to the best of my knowledge.  
 I understand that I am requesting a Student Loan and I will most likely not receive an increase in grants for my childcare expenses. I have been made aware of my annual loan limits. UWM reserves the right to verify enrollment of any of the children listed below. I understand that all financial aid monies are to be used for my cost of education and any other use is prohibited by law.

<b>Signature of Student</b>	<b>Date</b>

**This section is to be completed by the Child Care Provider.**

<b>Name of Child Care Provider:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone number:</b>		
<b>Supervisor:</b>		

**Identify the children that are enrolled in this Child Care Program:**

Name:	Age:	Dates of Expected Child Care Enrollment:	Number of Hours per week of Child Care:	Rate per hour	Total cost per week
		_____ to _____			
		_____ to _____			
		_____ to _____			
		_____ to _____			
		_____ to _____			

**Total Cost for Child Care**

**Is this parent receiving W2, State of Wisconsin, or any other assistance/reimbursement for Child Care Expenses?**  No  Yes

**Are you, the daycare provider, receiving W2, State of Wisconsin, or any other assistance/reimbursement for this person's Child Care Expenses?**  No  Yes

If yes, provide the name of the source:

\_\_\_\_\_

What is the amount of the childcare assistance/reimbursement? \_\_\_\_\_

**I certify that the above information is true and accurate to the best of my knowledge.**

<b>Signature of Child Care Provider</b>	<b>Date</b>