



University of Michigan – Flint
 Office of Financial Aid
 277 University Pavilion
 Flint, MI 48502 – 1950
 Phone: (810) 762-3444
 Fax: (810) 766-6757
www.umflint.edu/finaid

**2009-2010
 DEPENDENT CARE BUDGET ADJUSTMENT FORM**

1. A Dependent Care Budget Adjustment Request Form must be submitted for each new academic year.
2. You must be registered for classes before submitting this form.
3. Dependent care costs will not be considered for dependent over the age of twelve (12) or beyond sixth grade unless special circumstances require care (health/medical).

Name: _____ UMID: _____

Student is attending classes: Full-time Part-time

Name of Dependent: _____ Age: _____
 Name of Dependent: _____ Age: _____
 Name of Dependent: _____ Age: _____
 Name of Dependent: _____ Age: _____

Dependent care expense: For dependents listed above per week: \$ _____

I receive dependent care assistance from other sources: YES NO
 Amount of weekly assistance: \$ _____

I understand the Office of Financial Aid may choose to discuss the information on this form with my dependent care provider.

If request is approved, I request Federal Subsidized and/or Unsubsidized Loans up to my annual loan limit.

Signature: _____ Date: _____

TO BE COMPLETED BY THE DEPENDENT CARE PROVIDER:
 Dependent care is provided by:
 Name: _____ Phone Number: _____
 Address _____
 I hereby certify that I provide dependent care for the above named student and dependent(s) listed. I also certify that the stated cost of said dependent care is accurate as stated.
 Provider's
 Signature: _____ Date: _____