

Submit forms utilizing one of the options below:

- Electronically via the Secure Document Upload Center - financialaid.buffalo.edu/forms/documentation-upload-center/
Submit your .pdf, .jpg, .jpeg, or .docx files with your UB Person Number included in the file name. All Financial Aid Forms require your legal name.
- By mail to Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260
- Fax to 716-645-6566

Instructions:

Students may request to increase their standard budget (also called cost of attendance) to assist with childcare expenses incurred during periods of attendance at University at Buffalo. Childcare expenses may include the cost of before and after school programs. If you have a child over 12 years of age, please include documentation regarding extenuating circumstance as to why daycare is being provided.

Increases are considered based on the documentation provided to support the request but will not exceed the reasonable allowed amount as established by the University at Buffalo.

This increase will be funded with remaining loan eligibility. If you received the annual Direct Subsidized and/ or Unsubsidized Loan limits, other options for obtaining funding include a Direct PLUS Loan (if eligible) or an alternative student loan through a private lender. Both loans required a credit check.

Section 1: Student Information

First Name: _____ Last Name: _____ Person Number: _____

I am requesting a budget increase for childcare related expenses for the following term (s):

- Summer 2024 (Deadline: July 15) Fall 2024 (Deadline: November 15) Spring 2025 (Deadline: April 15)

1. Do you have spouse? Yes No

If applicable, please list the name of yoursouse/partner: _____

2. Will your spouse/partner work during 2024-2025 academic year? Yes No

3. Will your spouse/partner also be enrolled at a post-secondary school Yes No

If "yes", what school will your spouse/partner attend? _____

Section 2: Dependent Information

List the names and ages of dependent children living with you, the monthly childcare costs, and provider information requested below. Do not include any amount paid by Social Services or another agency. Complete a separate form if more than three children receive childcare. **You must include a copy of the daycare contract or letter from the daycare provider with the child's name and monthly/weekly cost.**

Child's Name	Age	Monthly Childcare Cost	Print Name and Phone Number of Childcare Facility/Provider	If the provider is a private individual, please indicate the relationship to yourself.
		\$		
		\$		
		\$		

Section 3: Certification and Signature – Please handwrite your signature. Typed Signatures cannot be accepted

I certify that all information provided in this document is true, complete, and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also, purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize the University at Buffalo to make any change(s) necessary because of the updated information that I have provided.

Student Signature _____ Date: _____
(Cannot be typed)