

## 2024-2025 Dependent Care Allowance Form

Complete this form if you currently pay childcare expenses for a dependent child under twelve years of age. This form is to help the Student Financial Services office determine childcare costs for the student. Please tally the costs into a weekly amount and **attach documentation to verify those costs**. If you have any questions, please contact Student Financial Services at (425) 889-5210 or studentfinancialservices@northwestu.edu.

### Section A: Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ NU Student ID: \_\_\_\_\_

### Section B: Dependent(s) Information

	Dependent's Name	Age	Childcare Costs Per Week <small>(i.e., daycare costs, fees, etc.)</small>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
<b>Total:</b>			_____

### Section C: Signature

By signing this worksheet, I certify that all the information reported on this worksheet is complete and correct.

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*Typed or stamped signatures are not valid. Signatures must be done by hand. Return this form to Student Financial Services\*\***

### Student Financial Services Use Only

**Notes:**

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Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_