



LAKE FOREST  
COLLEGE

## 2023 - 2024 Unusual Expense Form

Complete this form if the parent whose information was reported on your FAFSA paid in 2022 or will pay in 2023 at least \$2,000 for non-elective expenses. Do not include healthcare or educational expenses here; separate forms are found at [lakeforest.edu/ofaforms](http://lakeforest.edu/ofaforms).

Please Print

Student's Name: \_\_\_\_\_ Lake Forest ID# or Last four of SSN: \_\_\_\_\_

I am a new student at Lake Forest       I am a returning student at Lake Forest

Parent Completing this Form: \_\_\_\_\_

Parent's Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Parent's E-Mail: \_\_\_\_\_

### > Step 1. The Type of Expense

- Auto Repairs     Chptr 13 Pymt     Dependent Care     Funeral Costs     Home Repairs (*non-elective*)     Legal Fees
- Maintaining Two Homes     Support of Extended Family     Tax Debt, prior year     Unreimbursed Busn Expenses
- Other \_\_\_\_\_

### > Step 2. The Year and Amount of the Expense in which the total you actually paid (not just billed) was the largest.

What year's expenses do you want us to consider?     2022     2023

What did (or will) you pay for expense(s) in that year?      \$ \_\_\_\_\_

If 2022 is reported, how will 2023 expenses compare?     Similar     Significantly less (estimated amt)      \$ \_\_\_\_\_

### > Step 3. Did you report this expense to us for the 2022-2023 academic year?

Yes     No     Not sure

### > Step 4. Describe the Expense(s) including general dates incurred/paid, and if it was a "one-time" cost or recurring payment.

Please Print

### > Step 5. Document the Expense(s).

Include a representative sample of billing statements, invoices, canceled checks, itemized list of expenses, etc. by .pdf if possible.

### > Step 6. Signature

All information provided is true and complete to the best of my knowledge. I agree to provide any documentation that will verify the accuracy of this information. I understand that if I purposely give false or misleading information, I may be fined up to \$20,000, sent to prison, or both.

\_\_\_\_\_  
Parent's Signature - we cannot accept a typed signature

\_\_\_\_\_  
Date

If possible, please return as a .pdf by email along with any applicable supporting documents. It may also be faxed or mailed.

Office of Financial Aid ♦ 555 North Sheridan Road ♦ Lake Forest Illinois 60045-2338  
lakeforest.edu/finaid ♦ [finaid@lakeforest.edu](mailto:finaid@lakeforest.edu) ♦ Phone & Fax: 847-735-5103

Office Use Scanned  Data Entry Done  Doc'n Complete  Yes  No  If "no" family notified \_\_\_/\_\_\_      Initials/Date: \_\_\_\_\_

Orig EFC: \_\_\_\_\_ Adj EFC: \_\_\_\_\_ Total Expense Used: \_\_\_\_\_

NEW RETG

Notes: