

## 2020-2021 Unusual Expense Form

Student Name: \_\_\_\_\_

VCU ID #: V \_\_\_\_\_

Please complete this form if you would like the office to consider dependent care expenses and/or excessive medical expenses. The submission of this form does not guarantee additional consideration for financial aid programs.

<i>Special Circumstance</i>
<p><input type="checkbox"/> <b>Dependent Care Expense (submit all information and complete chart)</b></p> <p>A dependent care allowance may be added to a student's cost of attendance providing that the student provides over 50% of the support and that care for the dependent is required for the student to attend school. Dependents may include elderly or disabled adults or spouse.</p> <p>Please provide the following information about dependent care expenses for your household (child, spouse, parent or siblings). Attach a statement on agency letterhead from each provider or a signed notarized statement that includes name of the child, amount paid on a weekly basis, and beginning and ending dates of care for the current academic year.</p>

Name of Family Member	Age	Relationship	Childcare Provider Information	Weekly Expense
			Name	
			Phone Number	
			Beginning and ending dates of care	
			Name	
			Phone Number	
			Beginning and ending dates of care	
			Name	
			Phone Number	
			Beginning and ending dates of care	

<p><input type="checkbox"/> <b>Excessive Medical Expense (submit all requirements below)</b></p> <p>Expenses must exceed 7.5% of your adjusted gross income (AGI) as per the IRS threshold guidelines.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Federal 1040 Schedule A for the applicable tax year</li> <li><input type="checkbox"/> Copies of insurance statement / receipts to show out of pocket costs</li> </ul>
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By signing below,

- I certify that all the information contained on this form, and all documentation provided, is accurate and complete to the best of my knowledge.
- I agree to provide additional information if it is required.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature (if dependent): \_\_\_\_\_

Date: \_\_\_\_\_

***Please submit this form and all supporting documentation directly to the Student Financial Management Center.***

**In Person:** Harris Hall, First Floor

**Mail:** VCU  
Student Financial Management Center  
Harris Hall  
1015 Floyd Avenue, First Floor  
Box 843026  
Richmond, VA 23284-3026

**Fax:** (804) 827-0060

**Email:** **Last names beginning with A-G:** [faidmailag@vcu.edu](mailto:faidmailag@vcu.edu)  
**Last names beginning with H-N:** [faidmailhn@vcu.edu](mailto:faidmailhn@vcu.edu)  
**Last names beginning with O-Z:** [faidmailoz@vcu.edu](mailto:faidmailoz@vcu.edu)



**VCU**

Student Financial Services

Financial Aid