

# The University of Tennessee at Martin

Office of Student Financial Assistance  
205 Administration Building  
Martin, Tennessee 38238-5005



Phone: 731-881-7040  
1-800-829-UTM1 (8861)  
Fax: 731-881-7036

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## Child and Dependent Care Expenses 2009-2010

**Please print:**

Student Name \_\_\_\_\_ ID \_\_\_\_\_

I, \_\_\_\_\_, request the Financial Aid Office at the University of Tennessee at Martin consider my dependent(s) (child or elderly) as a part of my student financial aid budget. I have \_\_\_\_\_ dependent(s) between the ages of 0 – 5 and \_\_\_\_\_ dependents between the ages of 6 and over that require care while I attend classes at the University of Tennessee at Martin. I pay \_\_\_\_\_ per week in dependent care expenses that will not be reimbursed. I also certify that no one else can claim these dependent care expenses for consideration at any institution of higher education, including the University of Tennessee at Martin.

**Documentation from the care provider must be attached to verify these expenses.** This may be a copy of the contract from the dependent care center or for in-home care, a copy of a signed contract with the dependent care provider that includes the provider's name and SSN. **Also, please attach a receipt of payment.**

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STUDENT SIGNATURE

DATE

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### FOR OFFICE USE ONLY

Amount of dependent care paid per week \$ \_\_\_\_\_ x 34 weeks = \$ \_\_\_\_\_ annual amount.  
\$ \_\_\_\_\_ x 16 weeks = \$ \_\_\_\_\_ per semester.

These amounts should not exceed:

Dependent care allowance for ages 0 – 5            \$1232/semester; \$2464 /year/dependent  
Dependent care allowance for ages 6 and over    \$ 480/semester; \$960/year/dependent

Total amount added to budget \$ \_\_\_\_\_

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Financial Aid Administrator

Date