

**2016-2017 Postsecondary Child Care Grant Program
Conflicting Information Form**

Student's Name

School ID Number

Date

We currently have conflicting information between the income you reported on your FAFSA and your childcare costs. In order to process your childcare grant application, our office requires the information below. Please estimate to the best of your ability. If an item is zero (\$0), please indicate that on the line. Once you have completed the form, please sign and date it, and return the hard copy back to our office at:

Student's Estimated Monthly Expenses (For Student and Child)

\$ _____ Rent
\$ _____ Utilities (electric, phone, water, etc.)
\$ _____ Clothing and personal care
\$ _____ Miscellaneous expense (entertainment, etc.)
\$ _____ Car (car payments, insurance, maintenance)
\$ _____ Transportation costs
\$ _____ Groceries
\$ _____ Child Care
\$ _____ Other monthly bills, type _____ [ex: credit card]
\$ _____ Other monthly bills, type _____
\$ _____ Other monthly bills, type _____

= \$ _____ **Total Monthly Expenses**

Explanation of how expenses are paid. Please itemize using any income and assets you have. (If you have someone assisting you with expenses, please list that information.) This list should include any support, such as official and unofficial child support, odd jobs or parental support or assistance.

Student Signature

Date (month/day/year)