



LAKE FOREST
COLLEGE

2027 - 2028 Unusual Expense Form

Complete this form only if the parent whose information is reported on your FAFSA paid in 2026 or will pay in 2027 at least \$2,000 for uncommon, non-elective expenses. Do not include credit card debt, pets, trips, etc., or the same expenses submitted in a prior year. Do not include healthcare costs or educational expenses, as these are reported on their own unique form(s).

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. For each expense, identify the type, year, and amount actually paid (or expected to be paid) in both years.**

☐ Auto Repairs	☐ 2026 \$_____	☐ 2027 \$_____	☐ Bankruptcy (Chpt13)	☐ 2026 \$_____	☐ 2027 \$_____
☐ Child Support	☐ 2026 \$_____	☐ 2027 \$_____	☐ Dependent Care	☐ 2026 \$_____	☐ 2027 \$_____
☐ Funeral Costs	☐ 2026 \$_____	☐ 2027 \$_____	☐ Home Repairs	☐ 2026 \$_____	☐ 2027 \$_____
☐ Legal Fees	☐ 2026 \$_____	☐ 2027 \$_____	☐ State Taxes	☐ 2025 \$_____	☐ 2026 \$_____
☐ Support to Relatives	☐ 2026 \$_____	☐ 2027 \$_____	☐ Tax Debt, prior year	☐ 2026 \$_____	☐ 2027 \$_____
☐ Other	☐ 2026 \$_____	☐ 2027 \$_____	➤ Details: _____		

➤ **Step 2. Describe what makes the expense(s) unique and if it was a "one-time" event or a recurring bill. If recurring, provide the known or estimated ending date.**

Please Print

Ex: October '26 my father died; we paid \$10,000 for burial in 11/26, then \$3000 in 2/27; \$8000 will be paid (6-27 to 8/27) to replace 40-yr old driveway

➤ **Step 3. Document the Expense(s).**

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

➤ **Step 4. Did you report a similar expense in a prior academic year?**

☐ Yes ☐ No ☐ Not sure

➤ **Step 5. 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 mailed or faxed.

Office of Financial Aid ♦ 555 North Sheridan Road ♦ Lake Forest Illinois 60045-2338
lakeforest.edu/finaid ♦ finaid@lakeforest.edu ♦ Phone: 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: