

Miscellaneous Budget/Income Adjustment(s)

FILING DEADLINE 2/29/2016

PLEASE PRINT IN BLACK INK

Name: _____

Student ID #: _____

Address: _____

Phone: _____

E-mail: _____

*An allowance for modest living expenses is included in the Expected Family Contribution calculation. Allowable adjustments will only be considered for expenses exceeding this allowance. **Funding in most cases will be in the form of an additional loan if your annual and aggregate loan limits allow.***

Please note: Personal loans and credit card charges are not allowed.

ADJUSTMENTS

- Auto insurance: It must be in the student's name to be considered
YOU MUST ATTACH: A copy of most recent annual or semi-annual policy statement notice indicating the amount PAID
- Auto registration: It must be in the student's name to be considered
YOU MUST ATTACH: A copy of most current registration
- Major auto repair occurring during the current academic year; standard maintenance expenses (gas, oil, and minimal vehicle maintenance, including tires, batteries, etc.) will **not** be considered
YOU MUST ATTACH: A copy of actual PAID bill - estimates NOT acceptable
- Medical/Dental expenses, not covered by medical insurance, occurring during the current academic year or outstanding balance not previously considered
YOU MUST ATTACH: A copy of actual PAID bill - estimates NOT acceptable
- Mileage allowance may be considered for student commuting from outside the area.
Explain the reasons for commuting and number of days/week commuting for which semester. (Explain below)
- Other: _____

YOU MUST ATTACH: Copies of all applicable documentation

My reason(s) for requesting the consideration of additional budget items are:

CERTIFICATION & SIGNATURE

I am requesting consideration of additional budget items to increase my Cost of Attendance for the academic year. By signing this form, I certify that all the information reported on it is complete and correct.

Signature _____

Date _____