



COST OF ATTENDANCE BUDGET REEVALUATION FORM

Student's Name: _____
Last First

University ID Number (UIN): _____

Complete all sections of this form if you wish to have your student budget reevaluated. An incomplete form will be returned.

Budgeted Living Expenses

Next to each item, fill in the dollar amount of your average monthly living expense. If you share living expenses with others, **indicate only that portion of expenses which is yours**. If any expense occurs other than monthly, please convert it to a monthly average. Fill in all items and report only **your** living expenses. If an item does not apply, indicate this by writing "N/A".

- Do you share living expenses with others? YES NO If yes, with whom? _____
- Do you pay rent? YES NO
- Do you pay mortgage? YES NO
- If you pay neither rent or mortgage, please explain: _____

Budgeted Living Expenses You Pay

Average Amount per Month

1. ROOM & BOARD

Mortgage / Rent \$ _____

Food & Household Supplies \$ _____

Utilities: Gas \$ _____

Electric \$ _____

Telephone \$ _____

Cell Phone / Pager \$ _____

Internet Access \$ _____

Other _____ \$ _____

2. TRANSPORTATION

Gasoline \$ _____

Tolls \$ _____

Auto Maintenance \$ _____

Auto Insurance \$ _____

Public Transportation \$ _____

3. PERSONAL

Clothing \$ _____

Medical / Health Expenses \$ _____

Other _____ \$ _____

4. DEPENDENT & CHILDCARE EXPENSES

\$ _____

TOTAL \$ _____

By completing this form, you are requesting your budget be increased beyond your allocated cost of attendance. On the lines below, please specify the reason for your request.

How are the incurred costs related to your educational and living expenses?

Please indicate the document(s) you have submitted for review:

- | | | |
|---|--|---|
| <input type="checkbox"/> Lease Agreement | <input type="checkbox"/> Auto Insurance Policy | <input type="checkbox"/> Letter from Dean |
| <input type="checkbox"/> Repair Invoice or Estimate | <input type="checkbox"/> Medical Expense(s) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Utility Bill(s) | <input type="checkbox"/> Childcare Receipt(s) | <input type="checkbox"/> Other _____ |

I certify that the information provided on this Budget Reevaluation Form is correct to the best of my knowledge. I understand that I must attach documentation in order for my reevaluation to be reviewed.

Student Signature

Date

Financial Aid Decision

- APPROVED** **DENIED** **PENDING**

Comments:

Financial Aid Professional

Date