



# FINANCIAL AID OFFICE BUDGET INCREASE FORM

Received By:


Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
PLEASE PRINT CLEARLY

Please use this form to request an increase to your current standard budget. Budget adjustments can only be made for educationally related expenses incurred during the enrollment period, and only by amounts above those already included in the standard budget. The standard budget reflects the amount per nine (9) month academic year already included in your aid budget. An increase to your student budget means you could receive additional funds to cover approved educational expenses. Approval of a petition in one (1) year does not guarantee approval in subsequent years.

**In most cases, approved increases are funded with an additional Direct Loan up to your annual limit. *Requests must be submitted at least two (2) weeks prior to the end of the semester of enrollment.*** NOTE: Federal regulations require that all loans offered must be divided equally across all semesters of enrollment.

The following are allowable expenses for a budget increase. Please check the expense(s) that you are requesting and the term(s) you will incur these expenses:

- |  |   |
|--|---|
| <input type="checkbox"/> Housing   | <input type="checkbox"/> Transportation           |
| <input type="checkbox"/> One-Time Computer Purchase  | <input type="checkbox"/> Childcare Expenses       |
| <input type="checkbox"/> Out-of-pocket Medical, Dental, or Optical Expenses not Covered by Insurance | <input type="checkbox"/> Other (attach statement) |

Please provide a brief description of the expense(s) that were required:

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Total cost of expense(s): \$ \_\_\_\_\_

Terms:  
Example: Spring 2021                  Fall \_\_\_\_\_                  Spring \_\_\_\_\_                  Summer \_\_\_\_\_

**Expenses Not Allowed in Budget Adjustment:**

- Prior year expenses
- Credit card or other consumer debts
- Job interview or non-degree expenses
- Costs incurred outside of the current academic year
- Legal fees, bail, traffic, or parking tickets, or fines
- Pet care, unless for a service animal
- Loan repayment

In addition to this form, you are required to attach supporting documentation for each expense claimed. Please read below for acceptable documentation verifying your expense for each category. The standard budget reflects **the amount per nine (9) month academic year** already included in your aid budget.

Type of Allowance	Required Documentation
Housing	Copy of a signed lease or monthly mortgage statement and cashed check(s) or bank statement(s). If rent is not shared equally, you must provide documentation of your share (if married, rent will be split equally).
One-time computer purchase	Copy or original receipt indicating you purchased the computer or other acceptable computer related items during the current academic year (August-May). <u>The receipt or additional documents must show the student purchased the computer or other acceptable computer related items.</u>
Out-of-pocket medical, dental, or optical expenses not covered by insurance	Original copy of your itemized receipt showing the medical services not covered by insurance or additional transportation expenses incurred during the current academic year (August-May). You are also required to show a bank statement or cashed check detailing that <u>you, the student, paid for the medical expenses.</u>
Transportation	Original copy of your itemized receipt showing the repairs or additional transportation expenses incurred during the current academic year (August-May). The receipt or documentation must have the itemized expenses listed and show that <u>you, the student, paid for the automotive expenses.</u>
Childcare expenses	Statement from your child care provider verifying the monthly amount you pay and a copy of cashed check(s) or bank statement(s) showing you paid for the services.

The information provided on this form is true and complete. I understand that purposely giving false or misleading information may result in fines, penalties, and/ or immediate repayment of aid. If my situation changes as it pertains to the areas for which I have requested an increase (i.e. housing, daycare, insurance, major), I agree to promptly inform MiraCosta Financial Aid Office.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only

Semester: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Technician \_\_\_\_\_ Supervisor or Director \_\_\_\_\_