



# 2016-2017 Request for Budget Adjustment

- \_\_\_ C. **Transportation, Room and Board and Miscellaneous Personal.** If the **cumulative amount** of these items listed on your financial aid award notification does not reflect your current situation, your cost of attendance may be adjusted. Such adjustments are rare as the amounts used in your cost of attendance must be considered REASONABLE and are already based upon recent cost of living data for the Chicago area. For such an adjustment to be considered, **you must demonstrate your expenses in all of these categories as you may spend more in one area, but less in another.** The maximum any one item will be increased is by 20%. Please provide a monthly budget of your expenses and supporting documentation to show that your expenses exceed the amount allocated in your cost of attendance. Documentation required: For "room" you need to provide a signed lease detailing your cost and time frame. For "transportation, board and miscellaneous personal" expenses, you will need to show proof of payment, such as cancelled checks or official receipts (please total amounts) for at least three months. Must also document how the expense is relevant to your educational costs. Please note that providing false or misleading documentation is considered fraudulent.
- \_\_\_ D. **Child Care.** For a student with dependents, an allowance for costs expected to be incurred for dependent care may be included in your cost of attendance. This covers care during periods that include, but are not limited to, class time, study time, field work, internships, and commuting time for the student. If approved, the amount of the allowance will be based on the number and age of such dependents and will not exceed reasonable costs in the community for the kind of care provided. Documentation required: Copies of three months of cancelled checks (front and back) and/or money orders made payable to the child care provider. Also need to complete the form below.

## Child Care (Only need to complete if you checked letter D above)

What is your current marital status: ( ) Single ( ) Married ( ) Separated/Divorced

Name of Legal Dependent	Age	Monthly Babysitting/Daycare Costs	Number of Months*

\*Number of months you will be paying child care during the 2016/17 academic year (August 2016 - May 2017). Summer term (May 2017 – August 2017) would need to be a separate request.

### Certification of child care provider

I, the undersigned, certify that the information listed above (name of legal dependents, ages, costs and number of months is correct).

\_\_\_\_\_  
Signature of child care provider

\_\_\_\_\_  
Telephone number

## Section C – Statement of Certification

**IMPORTANT:** Return this form to the Office of Student Financial Aid. When submitting documentation:

1. Clearly print UIN on every page of 8 ½ x 11 legible copies.
2. Include all appropriate signatures.

I certify that the information provided on this form and any attachments are true and correct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ENTER YOUR UIN →

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