2018-19 Student’s Request for a Budget Increase Information and Worksheet

Read the following information thoroughly. It is provided to help you request a review of your aid eligibility due to expenses you incurred in excess of the standard cost of attendance. The cost of attendance tables can be found on the Office of Financial Aid and Scholarships website at sdsu.edu/financialaid.

Limited to One Request per Semester

- You can submit only one (1) Request for a Budget Increase per semester.
- To be considered, your Request for a Budget Increase must total at least $100.

Deadlines to Submit a Request for a Budget Increase

- **Fall Semester:** Friday, November 16, 2018 (by 3:00 p.m. Pacific Time)
- **Spring Semester:** Friday, April 12, 2019 (by 3:00 p.m. Pacific Time)

If you miss the fall deadline, you can submit your fall expenses during the spring semester.

Making a Request

If you feel your additional expenses meet the requirements for a review (see page 2), follow these steps:

- Complete the worksheet on page 3.
- Attach photocopies of all required documentation (as indicated on page 2).
- Submit everything by the deadline.

In most cases, if approved, the additional funding available to you will be a loan (refer to page 3).

**IMPORTANT:** If you list expenses but do not provide any receipts or proof of payment, these expenses will not be considered. Payments made in cash cannot be accepted.

Any documents suspected of being forged, altered or falsified will be referred to the Center for Student Rights and Responsibilities. All financial aid will be on hold until the outcome of a review by that office.

Next page: Student Expenses That May Be Considered
2018-19 Student’s Request for a Budget Increase

Costs must have been incurred by you during the fall and/or spring semester to be considered (8/27/18 - 4/12/19).

- We can consider only your expenses. We cannot consider expenses for children, a spouse, parents, pets, etc.
- Payment documentation must verify you made the payments.
- Attach proof of payment (photocopies of credit card receipts, canceled checks, bank statements, etc.), for all expenses you submit. **Payments made in cash cannot be accepted.**
- Any documents suspected of being forged, altered or falsified will be referred to the Center for Student Rights and Responsibilities. All financial aid will be on hold until the outcome of a review by that office.

Listed below are the types of expenses we will be able to consider and the documentation required.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Automobile Repair and Expenses</strong></td>
<td>Car repairs not covered by insurance and car registration paid during the academic year. Include make, model and year of your vehicle along with itemized invoices that show the date of service and type of work done. <strong>Only one vehicle can be considered.</strong></td>
</tr>
<tr>
<td><strong>Automobile Insurance</strong></td>
<td>Provide a copy of your insurance policy (not your card) that includes your name, premium amount, and policy period. <strong>Only one vehicle can be considered.</strong></td>
</tr>
<tr>
<td><strong>Milestone</strong></td>
<td>If you have extraordinary mileage costs commuting to and from SDSU and wish to have your excessive mileage costs considered, provide a signed statement indicating the make, model, and year of your vehicle. Also submit a mapquest.com print out from your home to SDSU and a copy of your class schedule. An example of extraordinary mileage would be if you commute more than 50 miles round trip, three or more days a week. As the Internal Revenue Service (IRS) mileage allowance already includes an allowance for car repairs and insurance, we cannot consider extraordinary mileage and car insurance and/or car repairs.</td>
</tr>
<tr>
<td><strong>Medical, Dental, or Optical Expenses</strong></td>
<td>Costs paid during the academic year and not paid by insurance. Provide your health care provider’s billing statements that show your cost, date of treatment, and amount you paid. Projected expenses that will occur during the academic year may be considered when you present a signed health care provider’s statement, written on letterhead, indicating the required treatment or medication cost, and scheduled date of treatment or expenses.</td>
</tr>
<tr>
<td><strong>Medical Insurance</strong></td>
<td>Provide a copy of your insurance policy (not your card) that includes your name, premium amount, and policy period.</td>
</tr>
<tr>
<td><strong>Computer Hardware and Software Allowance</strong></td>
<td>Computer expenses allowed for school use include a CPU, monitor, keyboard, printer, and relevant software. One computer workstation plus one hardware and/or software upgrade, not to exceed $2,000 is allowed per program of study. If the computer workstation was purchased during a period of non-enrollment, but you are making payments during the academic year, those payments may be considered. Provide a copy of your purchase order that includes your name, date, and amount.</td>
</tr>
<tr>
<td><strong>Childcare</strong></td>
<td>Attach a signed letter detailing the hours each day, which days per week, and the amount you pay each week for each child. Indicate whether or not you are qualified for reductions or forgiveness of any of these costs. Attach a copy of your class schedule. Also provide a statement from your childcare provider (on provider’s letterhead) indicating the name and age of each child, the days that childcare is provided and the weekly daycare cost associated with each child. If your childcare provider does not have letterhead, his/her signed statement must include their contact information and the address where the daycare is provided.</td>
</tr>
</tbody>
</table>
2018-19 Request for Budget Increase Worksheet

• Clearly itemize your expenses below or attach an organized typed list complete with the detail requested in this worksheet.
• If you are submitting multiple receipts, group them by type of expense and highlight your name, date, and dollar amounts on each.
• Attach photocopies of receipts and supporting documentation as described on page 2.
• Attach proof of payment (copies of credit card receipts, canceled checks, bank statements, etc.) for each receipt. Payment documentation must verify you made the payment(s). **Payments made in cash cannot be accepted.**
• Submit this worksheet and/or typed list of expenses and all documentation by the deadlines described on page 1.

### Automobile Expenses

<table>
<thead>
<tr>
<th>Registered Owner</th>
<th>Make</th>
<th>Model</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Service</td>
<td>Name of Service Provider</td>
<td>Type of Service (explain reason for purchase of service)</td>
<td>Cost of Service</td>
</tr>
</tbody>
</table>

### Medical/Dental/Optical Expenses

| Date of Service | Name of Service Provider | Type of Service (explain reason for purchase of service) | Cost of Service |

### Computer and Child Care (specify for each listed)

| Date of Service | Name of Service Provider | Type of Service (explain reason for purchase of service) | Cost of Service |

In most cases, the additional funding available will be from the Federal Direct Student Loan, the Federal Direct Grad PLUS, and/or Federal Direct Parent PLUS Loan Programs within your borrowing limits. If you are eligible for additional loan funds due to a budget increase, the funds will be disbursed in two equal payments, one for the fall and one for the spring term. State your specific request.

- [ ] I want to be considered for the maximum subsidized and/or unsubsidized loan I can borrow for my grade level
- [ ] I want to be considered for the maximum GRAD Plus Loan
- [ ] I want to be considered for the maximum Parent PLUS Loan
- [ ] Other ________________________________ (specify - Work Study, Alternative Loan, reinstatement scholarship, etc.)

My signature certifies that this information is complete and accurate, and I have included appropriate receipts dated 8/27/18 through 4/12/19 and documentation to support this request. Further, I understand that because of funding limitations, an increase to my cost of attendance and financial aid eligibility will be considered only if I have not already borrowed the maximum allowable amount of loans for my current grade level.

Student Signature ___________________________ Date ___________