

## 2016-2017 BUDGET ADJUSTMENT FORM

### STUDENT INFORMATION

Please complete this verification form and provide copies of all requested paperwork to Governors State University.  
**Incomplete paperwork will not be accepted, thereby delaying the processing of your financial aid award.**

Student Name: \_\_\_\_\_ GSU ID # \_\_\_\_\_ Last 4 digits of SS#: \_\_\_\_\_  
Please Print Last First

Permanent Home Address: \_\_\_\_\_  
City State Zip Code

Student's Date of Birth: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_@student.govst.edu

### WHAT YOU SHOULD KNOW:

If you feel the amounts in your cost of attendance (COA) listed on your financial aid award notification do not accurately reflect your current situation, you may be eligible to have your COA re-evaluated. If upon review of the documentation submitted, your financial aid eligibility changes, you will be notified accordingly. In addition, annual and aggregate loan limits restrict eligibility for federal loans. Therefore if your request is approved and you have reached your loan limits, only your eligibility for private loans may be affected.

1. The items below must be purchased by/apply to the student or spouse (if married), or a parent if the student is dependent.
2. The date of service or purchase must occur during the 2016-17 academic year. For those enrolled during the fall 2016 and spring 2017 terms the dates are August 2016 - May 2017. For those enrolled in the summer 2017 term, the dates are May 2017 - August 2017. Computer purchases may occur three months prior to the 2016-17 academic year.
3. Please submit all budget adjustment requests for the fall and spring terms at one time as multiple requests will not be honored. Summer term requests should be submitted separately between April 2017 and June 2017. *Note: Monthly expenses are divided equally if the student is married or has roommate(s).*

### INDICATE REASONS FOR BUDGET ADJUSTMENT:

- Personal computer.** The student must first purchase the computer. The maximum amount that a student's cost of attendance will be increased is equal to the actual cost of the computer hardware or software, or \$2,000, whichever is less. A student is eligible to receive only one adjustment for a computer during his/her tenure at GSU. If the OSFA has been notified by the academic department that your program requires the purchase of a laptop and your cost of attendance already reflects a computer expense, your request cannot be approved. Documentation required: Copy of official receipt which clearly indicates the date of the purchase and what specifically was purchased (i.e. hardware, software, etc.). The receipt must indicate the name of the person (may be hand-written if not on receipt) who made the purchase(s) and their relationship to you, if the purchaser is not yourself. Please see the guidelines above, in particular number 1, who is considered to be an eligible purchaser.
- Disability.** An allowance for expenses related to a student's disability may be included in the cost of attendance. These expenses include special services, personal assistance, transportation, equipment, and supplies that are reasonably incurred and not provided by other agencies. If you have already claimed these items as a deduction on your Federal income tax return, your request cannot be approved. Documentation required: 2015 Tax Transcript and proof of payment such as cancelled checks or official receipts (please total amounts).

- 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 University Park 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 and may be referred to the United States Department of Education Inspector General's Office.**
  
- Child Care or Dependent 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.** If the student/parent is caring for an elderly relative residing in their home, **they must provide: tax return for the elderly person, bills from a long-term care facility, asset information from the elderly person, the parent's/student's tax return to see whether the elderly person was claimed as an exemption, and information about the elderly person's income, such as social security, pensions, and interest/dividend income. Also need to complete the form below.**

**CHILD CARE OR DEPENDENT CARE**

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

**CERTIFICATION STATEMENT**

I certify that all information reported on this document is true, complete, and accurate. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

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

\_\_\_\_\_  
Date

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**