2016-2017 Request for Budget Adjustment Instructions

If you feel the amounts in your cost of attendance (COA) listed on your financial aid award do not accurately reflect your current situation, you may be eligible to have your COA re-evaluated based upon submitting the appropriate documentation. Please note that increasing your COA does not change your eligibility for grants and/or scholarships.

Annual and aggregate loan limits restrict eligibility for federal loans, so please review the annual Federal Direct Stafford loan limits listed below:

<table>
<thead>
<tr>
<th>Annual Loan Limits</th>
<th>Dependent*</th>
<th>Independent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshman</td>
<td>$5,500</td>
<td>$9,500</td>
</tr>
<tr>
<td>Sophomore</td>
<td>$6,500</td>
<td>$10,500</td>
</tr>
<tr>
<td>Junior/Senior</td>
<td>$7,500</td>
<td>$12,500</td>
</tr>
<tr>
<td>Graduate</td>
<td>N/A</td>
<td>$20,500</td>
</tr>
</tbody>
</table>

*Status determined by the University, not the student.

Most students find they have already borrowed their maximum eligibility for the academic year. Students having no remaining eligibility may borrow a private alternative loan, Parent PLUS Loan, or Grad PLUS Loan (if they are a graduate student), but these loans do require a credit check. In these cases, students should contact the Department of Financial Aid, Student Employment and Military Benefits prior to submitting this form to see if these loans can be applied for without submitting additional documentation.

Please Note:
- If forms are incomplete or you fail to submit all the required documentation at the same time, the forms will be returned and thus processing will be delayed.
- The items listed on the form must apply to the student and could be purchased by a parent if the student is dependent or a spouse, if independent and married.
- 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 September 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 start of the 2016-17 academic year.
- 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 May 2017.
- The form and appropriate documentation should be submitted as soon as possible as processing times do vary from 3 to 6 weeks depending upon the time of the year. The documents should be submitted no later than the dates indicated below for each term:

  | Fall 2016 – November 28, 2016 | Spring 2017 – April 24, 2017 | Summer 2017 – June 2, 2017 |

There is no guarantee that forms submitted after the dates indicated above will be reviewed prior to the end of the term; thus in many cases making you ineligible for additional assistance consideration regardless of the reason.
- If you have questions about the process or are unsure whether you should complete the form, please contact the Department of Financial Aid, Student Employment and Military Education Benefits via phone, in-person, or email to discuss your situation with a staff member.
- Once the review of the file has been completed, the student will be notified accordingly via his/her UWM email account regarding the outcome of this request and any additional required steps.
2016-2017 Request for Budget Adjustment

Section A – Student Information (Please print clearly)

<table>
<thead>
<tr>
<th>STUDENT NAME:</th>
<th>STUDENT ID #:</th>
</tr>
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</table>

Section B – Indicate Reason(s) for Budget Adjustment Request

___  A. Personal computer. The maximum amount that a student’s cost of attendance will be increased is equal to the actual cost of the computer hardware and software, or $2,000, whichever is less. The cost of attendance will only be increased once per degree for a computer purchase. **Documentation required:** Proof of purchase or a personalized estimate (store ads are not acceptable). The signed and dated personalized estimate must include the type of hardware/software to be purchased, the amount(s), vendor from who will be purchasing and estimated date of purchase.

___  B. 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 IRS Tax Return Transcript and proof of payment (such as cancelled checks or official receipts) for at least two months. Please total amounts.

___  C. Transportation, Books, Room and Board (meals) and Miscellaneous/Personal. 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 for each category. Please note that the rent/mortgage expense will be divided equally if married or you have roommates in which expenses are being shared. **Documentation required:** For “books” receipts showing the actual costs for at least one term. For “room” you need to provide a signed lease detailing your cost and time frame. For “transportation, board and miscellaneous/personal” expenses, please provide documentation (such as cancelled checks or receipts) supporting the monthly budget provided. Please total amounts if providing such documentation. You must also document how the expenses are relevant to your educational costs.

___  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. Note that the expense will be divided equally if married and your spouse is also attending college. **Documentation required:** Proof of payment (such as cancelled checks, money orders, checking/savings account documentation showing payment to the child care provider) or a contract showing future commitment. Additional information on the next page must also be provided. Please note that if this information changes at any time after submission you must notify the Department of Financial Aid, Student Employment and Military Education Benefits.
Child Care (Must be completed if you checked letter D on the previous page)

This section is to be completed by the Child Care Provider:

Name of Child Care Facility of Individual:
Address:
City:    State:    Zip Code:
Phone number:
Supervisor (if applicable):

Identify the children that are enrolled in this Child Care Facility:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Dates of Expected Child Care Enrollment</th>
<th>Number of Hours per week of Child Care</th>
<th>Rate per hour</th>
<th>Total cost per week</th>
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</table>

Total Cost for Child Care $ ______________

Is this parent receiving W2, State of Wisconsin, or any other assistance/reimbursement for Child Care Expenses? □ No □ Yes

Are you, the care provider, receiving W2, State of Wisconsin, or any other assistance/reimbursement for this person’s Child Care Expenses? □ No □ Yes

If yes, please provide the name of the source: ____________________________________________

What is the amount and frequency of the childcare assistance/reimbursement? ______________
__________________________________________________________________________________

I certify that the above information is true and accurate to the best of my knowledge.

Signature of Child Care Provider: ___________________________ Date: ___________________________

Section C – Student Statement of Certification

I certify that the information provided on this form is accurate. I understand that all financial aid monies are to be used for my cost of education, any other use is considered fraudulent and prohibited by law.

Student Signature: ___________________________ Date: ___________________________

To avoid processing delays, please return this form with all other supporting documentation as detailed on the form at the same time. Please make sure to include your student ID# on all documents submitted.