



REQUEST FOR BUDGET INCREASE

STUDENT INFORMATION

AID YEAR: 23/24

LLU ID# or Social Security Number: _____

Name: Last _____ First _____ Middle _____

Please check the school you are attending:

- ☐ Allied Health ☐ Dental Hygiene ☐ Dentistry ☐ Medicine ☐ Nursing ☐ Pharmacy ☐ Public Health
☐ Interdisciplinary Studies ☐ Religion ☐ Behavioral Health ☐ IDP ☐ PT

Marital Status ☐ S ☐ M ☐ W ☐ D Children?: ☐ Yes ☐ No Children's Age(s) _____

Expected Graduation Date or Program Completion: (MM/YYYY) _____ / _____

REQUEST FOR BUDGET INCREASE

The estimated cost of attendance (budget) used to determine your financial aid eligibility includes average amounts for standard expenses incurred by all students. This includes tuition, mandatory fees, room, board, books, supplies, local transportation, and miscellaneous expenses. Budget increases are made at the discretion of the Office of Financial Aid and are typically funded with student and/or parent loans. If additional eligibility exists over the maximum that can be covered by federal loans, a private loan may be necessary.

NOTE: Federal regulations require that all federal loans must be disbursed equally across the loan period.

TYPES OF BUDGET INCREASES

Please check all boxes that you believe may pertain to you. Attach a letter of appeal and any additional information (such as bills, receipts and letters) which support your request, and drop off, mail, or fax your documentation to the Office of Financial Aid. Only expenses listed below will be considered. We cannot make budget adjustments for parental expenses. Only those student expenses incurred during your current enrollment period will be considered. Additional costs listed without supporting documentation will not be considered.

- ☐ **A. CHILD CARE EXPENSES:** If your child must be in day care in order for you to attend school, we can only consider child care expenses for children through preschool, as well as after-school care for children up to 12 years of age. If you incur such expenses during the academic year, attach a letter which itemizes your child care expenses. The letter should include a listing of each child's name for whom care is needed, the child's age, as well as the name, address and telephone number of the child care provider. You must also attach a *Student Monthly Income and Expense Statement form*, cancelled checks (front and back) or receipts to show the amount you pay per month, and a photocopy of the child care contract agreement. Cash receipts are not acceptable.
- ☐ **B. COURSE-RELATED EXPENSES:** If you have course-related costs (such as lab fees or supplies for your major) that are not already taken into account in the standard budget, attach a letter itemizing your additional expenses. For fees not reflected on your LLU billing account you must also attach receipts or documentation to verify your expense, and a memo from your academic department supporting your request.
- ☐ **C. COMPUTER PURCHASE:** If you purchase or plan to purchase a computer in the first year of your program that you will use for study, you may appeal for a budget increase. The purchase must occur after July 1, 2023, to be considered for the 2023-2024 academic year. This expense can be approved only once during the student's academic career. Submit proof of purchase or personalized estimate (store and/or newspaper ads are not acceptable). If you submit an estimate, you must retain your receipts after the computer is purchased and submit a copy of it to the Office of Financial Aid. If you are unable to document the computer purchase, your add-on will be canceled and you will be billed for any funding received as the result of the add-on. We will approve costs up to a maximum of \$2,200. If the expenses exceed \$2,200, you must submit verification from your department certifying that the specific system requirements are required for your course of study. The verifying letter should be on a departmental letterhead. In addition, if you are in the last year of your program you must provide a letter from your department on departmental letterhead documenting that the computer is necessary for the completion of your program.
- ☐ **D. DISABILITY-RELATED EXPENSES:** We can only increase your budget to allow for education expenses that are required for you to attend school that are not covered by other sources of funding. For example, expenses may be for a tutor, a translator, a reader, and/or a wheelchair, etc. If you incur such expenses during the academic year, attach a letter which itemizes your additional expenses. You must also attach a *Student Monthly Income and Expense statement form*, receipts to verify your disability-related expenses and a memo supporting your request from your academic department.
- ☐ **E. MEDICAL EXPENSES:** Included in the standard budget is an allowance for minor medical and dental costs for the student only. Budgets may be increased for your expenses not covered by personal health insurance. Receipts must be obtained from the physician and submitted with the petition. Estimates will not be accepted. Only expenses incurred and paid during the academic year will be considered. Please include a letter detailing the treatment and/or procedures that have been received. For procedures not covered by health insurance, please submit a denial of the claim and the reason for the denial. Students may be asked to document that the procedures/treatment is medically necessary. Budget increase requests are not meant to cover deductibles or to compensate for a lack of insurance coverage.



REQUEST FOR BUDGET INCREASE

TYPES OF BUDGET INCREASES CONT.

AID YEAR: 23/24

- ☐ **F. MAJOR AUTO REPAIR:** Already included in the standard budget is an allowance for general repairs, gas, and car insurance. Expenses related to major repairs incurred during the academic year might be considered if an automobile is needed for educational purposes (other than commuting to and from campus), such as commuting to a clinical site, or other off-campus location directly related to your educational program. You must submit receipts for auto repairs and a letter from your advisor, on departmental letterhead, verifying the necessity of your automobile for education purposes. Per student maximum is \$3,000.
- ☐ **G. TRANSPORTATION EXPENSES:** The standard transportation allowance takes into account that a student may have significant coursework associated with clinical hours and rotations at locations other than LLU. Students may request an increase to their transportation expenses if their reasonable transportation costs exceed \$3,840 for a 12-month academic year (\$320 per month). Reasonable travel includes commuting to a clinical site and/or other off-campus locations that are directly related to your educational program. In addition to a letter explaining the need for the additional allowance, please include the exact address of the off-campus location, the miles traveled, and the frequency of travel. Note: the committee may request a letter from your department confirming the need to commute to an off-campus location for educational purposes.
- ☐ **H. RENT PAID ABOVE BUDGETED AMOUNT:** The standard budget includes an allowance for rent that is based on two students sharing an apartment. Students may request an increase to the rent allowance for unforeseen and/or unique situations (for example: a single parent with dependent children). Rental increases are not meant to increase the standard of living, moving expenses, security deposits, and/or transfer the balance owed on mortgages to a student loan. Attach the following: a letter explaining, in detail, why you are requesting a rent increase, the Student Monthly Income and Expense Statement Form, the rental/lease agreement that has your name, and proof of payment (e.g., cancelled checks, money orders, etc.). Cash receipts cannot be accepted. An approved rental increase may not cover the full amount of rent incurred. Please note that the cost of attendance is not meant to support individuals other than the student and/or previous contractual obligations.
- ☐ **I. SPECIAL PROJECTS:** Additional expenses for special course projects, thesis preparation, research projects, service award programs and internship program expenses may be considered. You must submit an itemized budget, signed by a professor or an advisor on departmental letterhead, to verify that the expenses for the project are reasonable and necessary and pertain to the academic year. Our office will ensure no duplication of standard budget components exist at the time of the review, and may follow up for receipts to verify expenses incurred, before awarding additional aid eligibility.
- ☐ **J. BOOKS AND SUPPLIES:** You may request a budget increase in book and supply costs, which are over the amount on your award letter. You must submit receipts for book and supply expenses, as well as a copy of your syllabus and a letter from your department on departmental letterhead, stating the required books and supplies for the program you are enrolled in. That standard budget differs from school to school.
- ☐ **K. OTHER:** Attach a letter which includes an itemized list of education expenses that exceed the standard budget as well as documentation supporting your request. We cannot increase your budget for expenses such as car payments, car insurance, credit card bills, loan payments, vacations, or other discretionary expenses.

CERTIFICATION

I certify that all the information reported on this form, as well as all supporting documents, is true and accurate to the best of my knowledge. I understand that this information will be used to determine my eligibility for financial aid and that false or misleading information may be cause for termination of aid and repayment of funds received. Note: The amount that you are requesting will have loan fees added if applicable.

I have included: ☐ Letter of appeal/explanation ☐ Supporting documentation/receipts ☐ Letter from department (if applicable)

Please indicate the total amount you are requesting: \$ _____ Please check one: Monthly ____ / Yearly ____ / One Time ____

Student's Signature: _____ Date: ____/____/____

☐ APPROVED ☐ DENIED

For Office Use Only

Comments: _____

Director/Assistant Director of Financial Aid

Date

If you have any questions please email Finaid@llu.edu or call (909) 558-4509

LOMA LINDA UNIVERSITY



STUDENT MONTHLY INCOME AND EXPENSE STATEMENT

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STUDENT INFORMATION

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LLU ID# or Social Security Number: _____

Student Name: Last _____ First _____ Middle _____

Please check the school you will attend:

- ☐ Allied Health ☐ Dental Hygiene ☐ Dentistry ☐ Medicine ☐ Nursing ☐ Pharmacy ☐ Public Health
☐ Interdisciplinary Studies ☐ Religion ☐ Behavioral Health ☐ IDP

SECTION 1

Next to each item, fill in the dollar amount of your average monthly living expenses for you and your spouse and/or dependents (if applicable). If you share living expenses with others, indicate only that portion which is yours. If an expense is yearly, please convert it to a monthly average. Report only your living expenses. DO NOT REPORT ANY BUSINESS OR RENTAL PROPERTY EXPENSES. If any item does not apply, indicate this by writing N/A.

MONTHLY LIVING EXPENSES

- Do you share living expenses with others? ☐ Yes ☐ No
- If yes, with whom? _____
- Do you pay rent? ☐ Yes ☐ No
- Do you pay mortgage? ☐ Yes ☐ No If yes, are payments current? ☐ Yes ☐ No
- If you pay neither rent nor mortgage, please explain: _____

Living Expenses That you Pay:

Average Monthly Amount

Average Monthly Amount

- | | | | |
|---|----------|-------------------------------|----------|
| 1. Home Mortgage/Rent | \$ _____ | 10. Car Payment | \$ _____ |
| 2. Property tax | \$ _____ | (Make: _____ Year: _____) | |
| 3. Food and household supplies | \$ _____ | (Make: _____ Year: _____) | |
| 4. Clothing | \$ _____ | 11. Credit card payments | \$ _____ |
| 5. Utilities (phone/cell, gas, electricity, etc.) | \$ _____ | 12. Other (list) | \$ _____ |
| 6. Gasoline and auto maintenance | \$ _____ | _____ | \$ _____ |
| 7. Public Transportation | \$ _____ | _____ | \$ _____ |
| 8. Medical/health expenses NOT covered by insurance | \$ _____ | _____ | \$ _____ |
| 9. Insurance (home, car, health, life, etc.) | \$ _____ | Total Monthly Expenses | \$ _____ |

SECTION 2

Please list all sources of income that are used to meet the living expenses from Section I. Do not list income used to meet business or rental property expenses.

SOURCE MONTHLY INCOME

- | | | |
|--|---|----------|
| 1. Student's wages/Salary (Provide 2021 W-2 form or Pay Stub) \$ _____ | 5. Income from business or rental property | \$ _____ |
| 2. Spouse's wages/Salary (Provide 2021 W-2 form or Pay Stub) \$ _____ | 6. Social Security | \$ _____ |
| 3. Unemployment/Workers Comp./Disability benefits \$ _____ | 7. Personal loans or Credit Card advances (attach documentation) | \$ _____ |
| 4. Child Support Received/Welfare Benefits/TANF \$ _____
(do not include Supplemental Nutrition Assistance Program (SNAP) benefits) | 8. Other Sources (financial aid, family or public assistance, etc.) | \$ _____ |
| | _____ | \$ _____ |
| | Total Monthly Income | \$ _____ |

ADDITIONAL EXPENSE INFORMATION

Please provide any additional information that would help us understand how you meet your living expenses. If you anticipate a change in the near future, please explain these changes. _____

REQUIRED SIGNATURE

I certify that all information reported on this form is complete, true and correct to the best of my knowledge.

Student's Signature: _____ Date: _____ / _____ / _____

Spouse's Signature: _____ Date: _____ / _____ / _____

If you have any questions please email Finaid@llu.edu or call (909) 558-4509

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