



## REQUEST FOR BUDGET INCREASE

## STUDENT INFORMATION

AID YEAR: 26/27

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. DEPENDENT CARE EXPENSES: If you have dependents, this allowance is meant to cover actual costs incurred for dependent care during times related to your education, such as class, study, internships, and other educational activities. The allowance amount will be based on the number and age of dependents. To request this allowance, you **must submit a letter itemizing your dependent care expenses. The letter should include the dependent's name and age, along with the provider's name, address, and contact information. Additionally, you must provide proof of payment and a copy of the dependent care contract or agreement.** Please note that this is an allowance and is limited to reasonable costs. For students using higher-cost care, only a portion of the expense may be covered.
- ☐ 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 include receipts or other documentation to verify the expenses, as well as a memo from your academic department supporting your request.
- ☐ C. COMPUTER PURCHASE: If you purchase or plan to purchase a computer for academic use in your program, you may request a budget increase to cover the reasonable cost of the computer. To qualify, the computer must be purchased on or after July 1, 2026, to count as a cost for the 2026-2027 academic year. This expense can only be approved once during your academic program. Submit proof of purchase, such as a receipt, with your request. Costs up to a maximum of \$2,200 may be reimbursed. If requesting reimbursement for purchases exceeding \$2,200, you must provide verification from your department confirming that the specific system requirements are essential for your program. Additionally, you may be required to demonstrate that the computer selected represents the most cost-effective option for meeting those requirements. Requests for computers purchased near the end of your program may not be approved.
- ☐ D. DISABILITY-RELATED EXPENSES: If you have a documented disability, you may be eligible for an allowance to cover expenses related to your disability. These expenses may include special services, assistance, equipment, and supplies that are reasonably incurred and not provided by other agencies or departments. To request this allowance, submit a letter itemizing the expenses, along with receipts, documentation of your disability, and a memo or letter from your academic department supporting your request. Additional information may be required based on the nature of the expenses and to coordinate with relevant departments or agencies.
- ☐ E. MEDICAL EXPENSES: The standard budget includes an allowance for minor medical and dental costs for the student only. Budgets may be increased for additional expenses not covered by personal health insurance. To request an increase, you must submit a letter itemizing the costs and explaining the medical circumstances. Receipts obtained from the medical provider must be submitted. Only expenses incurred and paid during the academic year will be considered. For prescriptions, your letter should include details such as the name of the prescription, frequency, cost, and purpose. For procedures and prescriptions not covered by health insurance, you must submit a denial of the claim along with the reason for the denial. Students may also be required to document that the procedures or treatments are medically necessary. Budget increase requests are not intended to cover deductibles, compensate for a lack of insurance coverage, or be used to purchase insurance.



## REQUEST FOR BUDGET INCREASE

## TYPES OF BUDGET INCREASES CONT.

AID YEAR: 26/27

- ☐ **R. MAJOR AUTO REPAIR:** The standard budget includes an allowance for routine vehicle expenses like maintenance, gas, and insurance. Major auto repairs incurred during the academic year may be considered for a budget revision if the vehicle is essential for educational purposes beyond commuting, such as traveling to clinical sites or other off-campus locations required for your program. Routine costs like oil changes, tires, cosmetic repairs, or vehicle purchases are not eligible. Submit repair receipts, a letter explaining the repair issue, and a letter from your advisor, on departmental letterhead, verifying the vehicle's necessity for educational purposes. The maximum adjustment allowed 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 the budgeted amount for the academic year. 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. HOUSING ALLOWANCE INCREASE:** 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 cover the costs of premium or higher-end housing but are based on allowances for basic, reasonable accommodations. The allowance is not designed to cover costs such as moving expenses, security deposits, or applying mortgage balances to student loans. 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., canceled checks, money orders, etc.). Cash receipts cannot be accepted. The cost of attendance is designed to support the student's educational needs, not previous financial commitments or the expenses of others. Students are expected to manage their budgets responsibly; however, exceptions may be made in documented, exceptional circumstances. Any approved increase may only cover part of the additional costs.
- ☐ **I. SPECIAL PROJECTS:** Additional expenses related to special course projects, thesis preparation, research, service awards, or internship programs may be considered. To request a review, you must submit an itemized budget signed by a professor or advisor on departmental letterhead, verifying that the expenses are reasonable, necessary, and specific to the academic year. Our office will ensure no overlap with standard budget allowances and may request receipts to confirm incurred expenses before approving additional aid eligibility.
- ☐ **J. BOOKS AND SUPPLIES:** You may request a budget increase for book and supply costs that exceed the standard allowance. To do so, you must submit receipts for the expenses, a copy of your syllabus, and a letter from your department on departmental letterhead verifying the required books and supplies for your program. Please note that the allowance for books and supplies is an average for the academic year. Requests for increases are reviewed based on total annual costs rather than term-specific overages. Be prepared to itemize all expenses for the year as part of your request.
- ☐ **K. OTHER:** If you have education-related expenses that exceed the standard budget, you may request a review by submitting a detailed letter explaining the nature of the expenses and how they are directly tied to your education. Your letter must include an itemized list of the expenses, supporting documentation (such as receipts), and a clear explanation of their necessity for your academic program. Non-educational or discretionary costs, such as car payments, credit card bills, or similar personal expenses, are not eligible for a budget increase.

## 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](mailto:Finaid@llu.edu) or call (909) 558-4509

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## STUDENT MONTHLY INCOME AND EXPENSE STATEMENT

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## STUDENT INFORMATION

AID YEAR: 26/27

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.)        | \$ _____ | <b>Total Monthly Expenses</b> | \$ _____ |

## SECTION 2

Please list all sources of income that are used to meet the living expenses from Section 1. Do not list income used to meet business or rental property expenses.

## SOURCE MONTHLY INCOME

- |  |   |          |
|--|---|----------|
| 1. Student's wages/Salary (Provide 2025 W-2 form or Pay Stub) \$ _____   | 5. Income from business or rental property                          | \$ _____ |
| 2. Spouse's wages/Salary (Provide 2025 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 Page 1 of \$ _____<br>(do not include Supplemental Nutrition Assistance Program (SNAP) benefits) | 8. Other Sources (financial aid, family or public assistance, etc.) | \$ _____ |
|  | _____   | \$ _____ |
|  | <b>Total Monthly Income</b>   | \$ _____ |

## 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](mailto:Finaid@llu.edu) or call (909) 558-4509

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