



FINANCIAL AID OFFICE  
 1000 East Victoria Street, WHB250  
 Carson, California 90747  
 PHONE: (310) 243-3691

Name: _____ <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> <span>Last</span> <span>First</span> <span>MI</span> </div>
Student ID# _____

### 2018-2019 Budget Increase Request Form

In some cases, additional expenses you incur during an academic year may be considered in determining the amount of your financial aid eligibility. The Financial Aid Office will evaluate your expenses upon receipt of this form and the documentation listed below. **Documentation must be dated within the 2018-2019 school year (August 27, 2018 - May 17, 2019).**

**Purpose of Budget Increase Request:**

- Scholarship/Stipend received.
- Athletic Grant-in-aid received.
- Increase Direct Loan. Complete and attach 2018-2019 Award Adjustment Request.
- Other – attached letter of explanation required.

List the expense(s) under the appropriate column and attach a signed explanation for requesting an increase to your budget and documents to support your request.

Reason:	Attachment included:
<b>Child Care</b>	<input type="checkbox"/> Signed statement explaining expense, <b>and</b> <input type="checkbox"/> Copy of most current bill <b>OR</b> <input type="checkbox"/> Signed letter from care provider indicating details of child care arrangement and contact information.
<b>Tuition Expenses</b> – Elementary or Secondary School. <i>Only if private school is required.</i>	<input type="checkbox"/> Signed statement explaining expense, <b>and</b> <input type="checkbox"/> Copy of bill/invoice
<b>Major Automobile Repairs</b> <i>Do not include general maintenance.</i>	<input type="checkbox"/> Signed statement explaining expense, <b>and</b> <input type="checkbox"/> Copy of bill/invoice
<b>Other:</b>	<input type="checkbox"/> Signed statement explaining expense, <b>and</b> <input type="checkbox"/> Supporting documentation

My signature below certifies that this information is true and authorizes verification of this information by the Financial Aid Office at any time. I further understand that if the above costs are not incurred, awards based on the cost are subject to cancellation, including any disbursed funds.

\_\_\_\_\_  
 Student Signature (Required)

\_\_\_\_\_  
 Date

**Financial Aid Office Use Only**

DATE STAMP

F19FBI Checklist Date: _____	Status:    Approved   Denied   Pending
Budget Increased:    Fall / Spring	Checklist: 19FBIA   19FBID   19FBIP
Fed COA = Pell COA: _____	Comment: 19FBIA   19FBID   19FBIP
Award adjusted: _____	Communication (F14) Date: _____
Completed By: _____	Date Completed: _____