

## Allowable Budget Increase Expenses

Your cost of attendance (COA) includes allowances for reasonable expenses students may incur while enrolled at UB. Budget increases will only be considered for education related expenses which exceed the allowances already in your COA. *Before submitting this request, you must first review your cost of attendance to confirm your expenses exceed what has already been allotted for you.* Cost of attendance by program can be found at: <http://financialaid.buffalo.edu/costs/>

Type of Allowance	Maximum Increase Allowable	Required Documentation
<b>Books and Supplies</b>	Amount which exceeds allotment already in COA	Syllabi from instructor listing required items  Itemization of each expense and receipts
<b>Child Care</b> Child care costs incurred for children under the age of 12 related to school attendance.  Private school tuition and extracurricular activities for school age children will not be considered.	Actual expenses incurred not to exceed reasonable cost in the community.  Reimbursement will be for half of actual cost. Other parent is expected to contribute to child care expenses.	Minimum of 2 consecutive months of paid invoices or cancelled checks from day care or in-home care provider listing child(ren) name(s), ages & days and times attended.  Personal statement detailing the need for childcare
<b>Computer Purchase</b> For laptop/computer purchase. Tablets and iPads are not allowable. Increase will not be considered for optional software, cases, warranties or other nonessential accessories.	\$2000  Increase allowed once per degree.	Receipt showing item purchased – receipt must include date and amount paid.
<b>Conference Attendance (Graduate/Professional Students)</b>	Actual costs incurred	Memo from department chairperson verifying that attendance is required for students class or educational program  Itemization of expenses incurred with receipts.
<b>Disability Expenses</b>	Actual costs incurred	Written documentation of disability and/or need for equipment, assistance, testing or supplies provided by a disability professional.  Receipts for expenses
<b>Emergency Auto Repairs</b> For student vehicle only. Routine or standard maintenance will not be considered.	\$2500/academic year	Paid receipts showing repairs. Students name must be on the receipt  For accident related repairs, documentation showing expense is not covered by insurance  Proof of ownership
<b>Housing (Off Campus)</b> Rent or lease payments occurring during the academic year. Homeowners, rental insurance, moving expenses, storage expenses and security deposits will not be considered.	Amount which exceeds allotment already in COA. Do not include mortgage, utilities, cable or cell phone expenses.	Copy of current signed lease  Personal statement explaining your current living situation- where do you live, who do you live with, and monthly expenses



<p><b>Medical Insurance</b> Coverage for the student only. Charges incurred for spouse and/or children will not be considered.</p>	<p>UB insurance- Actual amount as reflected on your student account.  Private Insurance (independent students) - actual costs.</p>	<p>Submit proof of denial of medical insurance waiver  Documentation of medical insurance premiums.</p>
<p><b>Out of Pocket Medical/Dental Expenses</b> Expenses for medically necessary procedures for the student not covered by insurance.</p>	<p>\$2500/academic year</p>	<p>Receipts for care provided  Documentation from insurance company what portion of the bill will not be covered</p>
<p><b>Residency Expenses</b> Fourth year medical and dental students have a residency portion built into their budget. A one-time per semester increase may be requested if true costs exceed this allotment.</p>	<p>Amount which exceeds allotment already in COA</p>	<p>Itemization of each expense and receipts  Verification of scheduled interviews from the residency program</p>
<p><b>Study Abroad Expenses</b></p>	<p>Amount estimated by Study Abroad Office</p>	<p>Proof of acceptance into program  Itemized budget sheet provided by Study Abroad Office</p>
<p><b>Transportation</b> It is assumed that students will rely on public transportation. The purchase of an automobile, car payments, insurance payments will not be considered.</p>	<p>Amount which exceeds allotment already in COA</p>	<p>Google map showing miles traveled per trip  Documentation showing number of days required to travel  Documentation of purpose of travel</p>

## Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ UB Person Number: \_\_\_\_\_

**Along with this completed and signed form, you are required to submit required documentation and receipts as listed on the instruction page. Incomplete requests will not be processed.**

## Term Designation

Term for which I am requesting an increase:

You may submit a budget increase request once per semester.

Summer                                      Deadline August 1<sup>st</sup>

Fall    Deadline December 1<sup>st</sup>

Spring (including Winter)              Deadline May 1<sup>st</sup>

I am requesting an increase for the following:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bar Exam              | <input type="checkbox"/> Books & Supplies      | <input type="checkbox"/> Child/Dependent Care |
| <input type="checkbox"/> Computer Purchase     | <input type="checkbox"/> Conference Attendance | <input type="checkbox"/> Disability Expenses  |
| <input type="checkbox"/> Emergency Car Repair  | <input type="checkbox"/> Housing               | <input type="checkbox"/> Medical Insurance    |
| <input type="checkbox"/> Out-of-Pocket Medical | <input type="checkbox"/> Residency Expenses    | <input type="checkbox"/> Study Abroad         |
| <input type="checkbox"/> Transportation        |  |   |

## Certification and Signature

I certify that all information provided in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also, purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize the University at Buffalo to make any change(s) necessary as a result of the updated information that I have provided.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_