

Submit forms utilizing one of the options below. Note: email is not a secure form of communication, do not submit documents via email.

- Electronically via the Secure Document Upload Center - [financialaid.buffalo.edu/forms/documentation-upload-center/](http://financialaid.buffalo.edu/forms/documentation-upload-center/). Submit your .pdf, .jpg, .jpeg, or .docx files with your UB Person Number included in the file name.
- Fax to 716-645-6566
- By mail to Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260

### Instructions

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 reflected in your COA.

Type of Allowance	Maximum Increase Allowable	Required Documentation
<b>Bar Exam</b> Third year law students may request an increase for expenses paid to take one bar exam (excluding preparation).	Actual costs incurred  One-time increase	Itemization of each expense and receipts
<b>Books and Supplies</b>	Actual cost minus current COA allowance	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. (If funds are needed to purchase the computer, a budget increase may be completed in advance. You must provide a receipt once you have purchased the computer. An adjustment to the budget increase may be necessary depending on actual expense).
<b>Conference Attendance (Graduate/Professional Students)</b>	Actual costs incurred	Memo from department chairperson verifying that attendance is required for student's 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

Type of Allowance	Maximum Increase Allowable	Required Documentation
<p><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.</p> <p>Housing expenses incurred for spouse and/or children will not be considered.</p>	<p>Actual cost minus current COA allowance. Do not include mortgage, utilities, cable or cell phone expenses.</p>	<p>Copy of current signed lease</p> <p>Personal statement explaining your current living situation- where do you live, who do you live with, and monthly expenses</p>
<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.</p> <p>Private Insurance (independent students) - actual costs.</p>	<p>Proof of denial of medical insurance waiver</p> <p>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</p> <p>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 actual costs exceed this allotment.</p>	<p>Actual cost minus current COA allowance</p>	<p>Itemization of each expense and receipts</p> <p>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</p> <p>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>Actual cost minus current COA allowance</p>	<p>Google map showing miles traveled per trip</p> <p>Documentation showing number of days required to travel</p> <p>Documentation of purpose of travel</p>

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

**I am requesting a budget increase for the following term:**

- Summer (deadline July 15)     Fall (deadline November 15)     Winter/Spring (Deadline April 15)

**Select the expense(s) and write the dollar amount for which you are requesting an increase.**

- |   |          |   |          |
|---|----------|---|----------|
| <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:        | \$ _____ |   |          |

- ✓ **Submit this page along with the supporting documentation requested in the instructions on pages 1 and 2. You do not have to submit the instruction pages.**
- ✓ **Write your UB Person Number at the top of each document.**

**Certification and Signature – Please *handwrite* your signature. Typed Signatures cannot be accepted.**

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: \_\_\_\_\_