

**2025-2026 Special Circumstances:  
Budget Increase for CHILDCARE EXPENSES**

First Name (Legal): \_\_\_\_\_ Last Name: \_\_\_\_\_

Person Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_ UB Email: \_\_\_\_\_@buffalo.edu

**INSTRUCTIONS:** Submit all documents to the Financial Aid Document Upload Center ([financialaid.buffalo.edu](http://financialaid.buffalo.edu)), by mail to Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260, or by fax to 716-645-6566. Documents cannot be emailed.

Students may request to increase their standard budget (also called cost of attendance) to assist with childcare expenses incurred during periods of attendance at University at Buffalo. Childcare expenses may include the cost of before and after school programs. Increases are considered based on the documentation provided to support the request, but will not exceed the reasonable allowed amount as established by the University at Buffalo.

**DEADLINE:** Budget Increase Request forms and all supporting documentation must be submitted at least 2 weeks prior to the earlier of the semester end date or your last date of enrollment for the academic year.

**DEPENDENT INFORMATION:** List the names and ages of dependent children living with you, the monthly childcare costs, and provider information requested below. Do not include any amount paid by Social Services or another agency. Complete a separate form if more than three children receive childcare. **You must include a copy of the daycare contract or letter from the daycare provider with the child's name and monthly/weekly cost.** If you have a child over 12 years of age, please include documentation regarding extenuating circumstance as to why daycare is being provided.

Child's Name	Age	Monthly Childcare Cost	Print Name and Phone Number of Childcare Facility/Provider	If the provider is a private individual, please indicate the relationship to yourself.
		\$		
		\$		
		\$		

**HOUSEHOLD INFORMATION:**

Do you have a spouse/partner? Yes or No: \_\_\_\_\_ If yes, list the name of your spouse/partner: \_\_\_\_\_

Will your spouse/partner work during 2024-2025 academic year? Yes or No: \_\_\_\_\_

Will your spouse/partner also be enrolled at a post-secondary school? Yes or No: \_\_\_\_\_ If "yes", what school will your spouse/partner attend? \_\_\_\_\_

**CERTIFICATION AND SIGNATURE**

I certify that all information provided in this document is true, complete, and accurate to the best of my knowledge. I attest that I have reviewed the standard COA for my academic level and have attached all required documentation. 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 because of the updated information that I have provided.

Student Signature (cannot be typed) \_\_\_\_\_ Date: \_\_\_\_\_