Budget Adjustment Appeal 2019-2020 Academic Year

The Budget Adjustment Appeal allows us to review your financial aid based on unusual circumstances.

Note: Your Cost of Attendance already includes normal daily expenses.

The unusual circumstances may include one or more of the following paid:
- Major car repairs
- Excessive mileage expenses
- Uninsured medical/dental costs
- One time computer purchase
- Or dependent care costs

Requirements

- Completed and submitted a 2019-2020 FAFSA
- Include all required documentation (Receipts of Purchase or Payment)
- Provide a detailed written statement explaining your need for a Budget Adjustment.

Please fill out, sign, and return all required documentation to the Office of Financial Aid and Scholarships.

Your Name (print) ___________________________ University ID Number _______________________

Telephone Number __________________________ Email _____________________________

By signing, I agree to all of the statements listed below:

- I give the Office of Financial Aid and Scholarships permission to verify any information that I provide on this form.
- I certify that all the information provided on this form is correct.
- I understand that if I purposely give false or misleading information on this form, I am liable for cancellation or repayment of all or part of my financial aid.
- I understand that submitting this form does not automatically increase my financial aid awards.

_________________________________________________ Date
Student Signature

_________________________________________________ Date
Parent Signature (if applicable)

Please return the completed form to:
Office of Financial Aid and Scholarships 3400 Broadway, Hawthorn Hall Room 111 Gary, IN 46408-1197
Phone: (219) 980-6778 Email: finaidnw@iun.edu
Fax:(219) 981-5622

Revised 01/23/18
Sections 1-4: Completing sections 1, 2, 3, and/or 4 may allow an increase in your estimated cost of attendance. A cost of attendance/budget increase does not guarantee that your financial aid will be adjusted. If you have already borrowed the maximum Federal Stafford Loan amount for your loan aggregate and/or academic year, please consider alternative sources of funding.

Please check the type of expenses that are applicable to the student/family member(s) circumstance.

1) **Major Vehicle repair expenses between August 2019 and May 2020**
   
   **Required Documentation:** List the amount of vehicle repairs and attach receipts.

   Total amount of vehicle expense(s) $________________________

2) **Mileage expenses between August 2019 and May 2020**
   
   *This section only applies if you live outside of the county in which your campus is located.*

   **Required Documentation:** None

   Miles from home to campus____________

   Number of times each week that you make this commute____________

3) **Dependent care between August 2019 and May 2020**
   
   **Required Documentation:** Invoice from provider, cancelled check or receipt. List on line 3a the names and ages of dependents receiving professional care, care by a non-profit, and/or in private schools. List on 3b the total cost of professional care/private school tuition you pay for dependents while attending classes.

   A. Ages of dependents receiving daycare/attending private school________________________________________

      ______________________________________________________

      ______________________________________________________

   B. Total cost of professional care/private school tuition while attending classes $____________________

4) **Other**
   
   *Please explain completely and include documentation.*

   ______________________________________________________

   ______________________________________________________

   ______________________________________________________

   ______________________________________________________

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