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2009-2010 STUDENT REQUEST FOR BUDGET INCREASE UC SANTA BARBARA FINANCIAL AID OFFICE

A. Student Information

_____			Perm Number
Last Name (Print)	First Name	M.I.	_____
_____			Social Security Number
Address (Include apartment number)			_____
_____			E-mail Address
City	State	Zip Code	_____
_____			Phone Number (Include area code)

DEADLINE: This form must be submitted no later than March 31, 2010

Modest, But Adequate Lifestyle

The estimated costs which a student will incur at the University of California, Santa Barbara for the 2009-2010 academic year are available on our website www.finaid.sa.ucsb.edu/Budget.asp. A "modest, but adequate" philosophy guides the development of UCSB student cost budgets. These figures are derived from a survey conducted by the University of California.

Procedures for a Budget Increase

We recognize that estimating exact costs for any one student is virtually impossible. If your current financial aid is insufficient to meet your academic year expenses, review the details of our "2009-2010 ESTIMATED STUDENT BUDGET" available on our website www.finaid.sa.ucsb.edu/Budget.asp. You may complete this SRFBI to request a budget increase for specific expenses which exceed the budget we used in determining your aid eligibility. If you have purchased (or plan to purchase) a computer during the academic year, these expenses can be included in your student budget. For computer expenses, please complete the "Computer SRFBI" form (available at the Financial Aid Office or on-line at www.finaid.ucsb.edu).

NOTE: The following expenses will **NOT** be allowed for budget increases:

1. Telephone expenses and utilities
2. Car payments and car insurance
3. Car repairs
4. Credit card debt
5. Transportation to and attendance at graduate and professional conferences
6. Resume preparation and job interviews (including new clothes for the interview)
7. Expenses incurred prior to the beginning of the academic year

Receipts Required

It is necessary for you to document your expenses by submitting **non-returnable copies** of rental agreements/contracts, medical and dental receipts, etc. These receipts are necessary for state and federal audit purposes. If you are submitting multiple receipts, please group them by expense type (i.e. rent, medical, etc.), highlight the dollar amount(s), and prepare a cover sheet that itemizes and summarizes the expense(s). SRFBI's that are submitted without appropriate documentation cannot be processed and will be returned to you.

Child Care Expenses

If you have to pay someone to care for your dependent child during a period of your enrollment at the University of California, Santa Barbara, we are allowed to add these expenses to your budget and increase your financial aid eligibility. Once you incur child care expenses for the academic year, be sure to obtain receipts from your child care provider and submit them with this SRFBI. If you are reporting child care expenses, *you must also report any assistance you are receiving* from any of the various agencies that provide assistance with child care expenses. We can increase your budget for child care expenses but cannot offer you financial aid to cover these expenses if they are already being paid directly to you or on your behalf by another agency. Please complete the "explanation of child care expenses" on the SRFBI to list your children who are receiving child care and to report the monthly amount that is being paid directly to you (or on your behalf) for each child for whom you are submitting child care expenses. Also, indicate the name of the agency that is providing this assistance.

Additional Need

Any additional need from your increased costs will normally be met through a subsidized Direct Loan, unsubsidized Direct Loan, Parent Loan for Undergraduate Students (PLUS - which is now available to graduate students), or an Alternative Loan from a private lender. Normally, you will be notified by mail and/or e-mail within two weeks of the results of your SRFBI review. However, it may take longer to process your request in early fall quarter due to increased demand during this time. The loan(s) that you will be offered to meet this additional need will be displayed on the "Financial Aid Award Letter" on Tab 4 of the "Aid Status" tab of the Financial Aid Office web site.

Medical/Dental Expenses for Independent Students with Dependents

Independent students with dependents who have medical/dental expenses must complete and submit a Student Request for Review (RFR) form rather than a SRFBI. Student RFR forms are available on the "Forms" tab of the Financial Aid Office web site.

B. Budget Table

Please CIRCLE all the quarters you intend to be enrolled at UCSB during 2009-2010: **Fall '09, Winter '10, Spring '10.**

Complete columns A, B, C, and D (below) for ONLY those items that exceed the amount allowed in UCSB's Estimated Student Budget. ATTACH RECEIPTS OR BILLS TO YOUR REQUEST OR IT WILL BE RETURNED TO YOU AS INCOMPLETE. Read, sign, and date below. Upon completion, submit your SRFBI with appropriate documentation to the Financial Aid Office, Room 2103, Student Affairs & Administrative Services Building. Allow two weeks for a response. A revised Financial Aid Award Letter will be available for you to review on Tab 4 of the "Student Status" portion of the Financial Aid Office web site. **This SRFBI must be submitted by MARCH 31, 2010.**

A. BUDGET ITEM* (i.e. rent)	B. YOUR ACTUAL COST	C. UCSB's ESTIMATED BUDGET ALLOWANCE		D. DIFFERENCE BETWEEN ALLOWANCE & COST	
		(from "Student Budget" sheet)			
		Minus		Equals	
	\$	-	\$	=	\$
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	

*If you have automobile expenses (transportation) as one of your items above, first complete the "Explanation of Transportation Expenses" on the last page of this form. Then, complete the guide below to determine "Your Actual Cost".

- Indicate the number of miles you drive (on the average) each month: (from question #3 on the last page): _____
- Indicate the number of months you are attending UCSB during the 09-10 academic (9 month) year: _____
- Multiply A x B above: _____
- Multiply C x \$.55 \$ _____
- Include the amount you calculated in D above under "Your Actual Cost" (B above) for transportation.

D. Signature

My signature certifies that the information I have provided is true and complete to the best of my knowledge. I agree to provide proof supporting the information on this form, if requested. I realize giving false information may result in a fine, prison sentence, or both. The Secretary of Education has the authority to verify information reported on this application.

Student Signature: _____ Date: _____

EXPLANATION OF TRANSPORTATION EXPENSES

(FOR EDUCATIONAL PURPOSES)

If you have transportation costs that exceed the amount allowed in the 2009-2010 Estimated Student Budget, answer the questions below. For automobile expenses, you are required to complete the _____ of this form.

1. Mode of transportation (i.e. automobile, plane, bus, etc.)

2. If automobile is one of the responses to question number 1, please furnish the following:

Make: _____ Model: _____ Year: _____

3. During the academic year, how many miles do you drive monthly:

a. commuting to and from campus (for course-related activities): _____

b. commuting to and from work (if applicable): _____

c. traveling to and from your permanent home (if different from your local home): _____

Add a, b, and c together and input that total in "a" on the above page.

4. If you are requesting an adjustment to your budget as a result of transportation other than automobile expenses, you must provide receipts detailing those expenses.

5. Explain the need for the transportation expenses requested (use an additional sheet, if necessary).

EXPLANATION OF CHILD CARE EXPENSES

	Child's Full Name	Age	Monthly Expense	Child care provider (List Name and Address)	Amt. Paid By and Name of Agency
1.					
2.					
3.					
4.					
5.					

_____ Total request documented and approved. _____ Returned for proper documentation _____ Partial approval, partial documentation submitted. Other: _____	Staff initials: _____ Date processed: _____ \$_____ Total Amount Approved for Budget Increase.
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