



2023-24 OMS4 BUDGET REVISION REQUEST

Student Name (print): _____

Your PNWU budget (cost of attendance) may be adjusted to include additional allowable costs incurred to meet your educational needs (student or dependent child only, per federal regulation). Requests are reviewed on a case-by-case basis to determine approval. Documentation of the additional expense must be attached to this request. If approved, additional expenses are funded with increased loans.

Check all boxes below that apply to your request. Attach documentation. Definition of required documentation is listed on page 2.

LIVING EXPENSES

- Rent/mortgage payment: My rent or mortgage payment exceeds \$1100/month. Monthly cost is \$_____
Food: My monthly food purchases exceed \$400/month. Monthly cost is \$_____(limited to \$800 max)
Utilities: The monthly average of my total utilities (electricity, W/S/G, heating oil, wood pellets, etc.) exceeds \$113 per month. My monthly average of all combined utilities is \$_____
Renter's insurance: The monthly cost for renter's insurance exceeds \$67/month. Monthly cost is \$_____
Internet: The monthly cost for my Internet exceeds \$56/month. Monthly cost is \$_____
Telephone/cell phone: The monthly cost for my phone exceeds \$71/month. Monthly cost is \$_____
Dependent Child Assistance: Child care costs exceed \$7500 per academic year (\$833/month). Monthly cost is \$_____

BOOKS/SUPPLIES

- Laptop needs repair/replacement, per the PNWU Help Desk (budget increase is limited to \$1000). Cost: \$_____

TRANSPORTATION AND TRAVEL

- I have recently paid for car repairs, or have a shop estimate for future repairs, other than routine maintenance*. I have attached receipts or shop estimates showing a total cost of \$_____
I have recently paid for new tires, or have a shop estimate for the purchase of tires. I have attached receipts or a shop estimate showing a total of \$_____
My auto insurance exceeds \$98/month. Monthly cost is \$_____

MISCELLANEOUS/PERSONAL

- My health insurance premium exceeds \$85/month (\$1020 annually). Monthly cost is \$_____
I have current medical dental vision prescription counseling costs not paid by insurance. (Deductible counts as cost not covered by insurance.) I have attached documentation of this expense.
OTHER: I have other expenses not listed on this form that I wish to have considered. I have attached documentation.

SIGNATURE AND AID REVISION APPROVAL

- I request the increase(s) to my budget as noted above and I accept additional federal loans to assist with payment of these costs. Furthermore, I understand that the Federal Direct Unsubsidized Loan will be increased first, if I have remaining eligibility, and the Federal Direct Graduate PLUS Loan will also be increased if unsubsidized loan is not accessible.
I understand that all loan increases must be divided into TWO EQUAL DISBURSEMENTS BETWEEN SUMMER AND SPRING SEMESTERS.

Student signature _____

Date _____

DOCUMENTATION REQUIRED FOR ADJUSTMENT TO STUDENT'S BUDGET INCREASE

LIVING EXPENSES

- Rent/mortgage payment: You must attach a copy of your rental agreement or copy of mortgage payment.
- Monthly food costs: You do not need to provide receipts for groceries. Stating your monthly expense in writing (either on this form or via email) is sufficient.
- Utilities: You must provide documentation of 12 months of utility costs (any 12-month period, whether January-December or July 2022-August 2023, for example) to document what the *average monthly* cost is. Please contact your utility provider to request this information for your residential address, or go online to get a printout of this information. Tell your utility company that you are documenting 12 months of expenses for your school budget. If you use heating oil or wood pellets, you must clearly show what your annual/monthly cost for fuel is.
- Renter's insurance: You must attach a copy of your monthly or quarterly billing.
- Internet: You must attach a copy of your monthly billing. If bundled, you must clearly show Internet cost only.
- Telephone/cell phone (**student's phone**): You must attach a copy of your monthly billing. If bundled, you must clearly show phone cost only.
- Dependent child assistance: If you have one or more children, we have included an additional \$7500 to your cost of attendance as "dependent care assistance", to help with additional food, clothing, child care, etc. If you pay for child care exceeding \$833 per month, please provide the name and phone number of the child care provider, as well as a receipt or other documentation of the monthly expense. A written and signed statement from the child care provider is acceptable.

BOOKS/SUPPLIES

- Laptop repair or replacement: Sometimes repairs or replacement may be necessary. **You must FIRST contact PNWU Help Desk** (IT Department) and have them look at your laptop. They may be able to make the repair for you. If they recommend off-campus repair or replacement, have them provide you with a written statement and attach it to your budget increase request.

TRANSPORTATION AND TRAVEL

- Car repairs (**student's primary vehicle only**): Attach receipts for work that has been completed, or a shop estimate for future repairs (other than routine maintenance* such as oil changes).
- Tire purchase (**student's primary vehicle only**): Attach a receipt for your purchase or a shop estimate for your future purchase.
- Auto insurance (**student's primary vehicle only**): You must attach a copy of your monthly or quarterly billing.

***WHAT IS ROUTINE MAINTENANCE:** Routine maintenance is expenditures made for the regular upkeep of a vehicle, such as refill liquids most frequently used (wiper fluid, power steering fluid or transmission flush, radiator coolant, motor oil, and brake fluid, etc.); regular oil changes; swap out parts that are worn, such as brake pads, drive belts, timing belts, spark plugs, and air and fluid filters; tire rotation; check car's belts and hoses for damage; check power brakes, power steering, and radiator hoses when vehicle is close to 100,000 miles.

MISCELLANEOUS/PERSONAL

- Health insurance (**student only**): You must attach a copy of your monthly or quarterly billing.
- Medical/dental/vision/prescription/counseling expenses not covered by insurance (**student only**): You must attach documentation of these expenses, which is usually a billing showing what you owe after insurance/deductible has been applied.
- OTHER: If you have expenses not listed on this form that you wish to have considered, please attach an explanation of what this expense is and any applicable documentation to confirm the expense.

FEDERAL FINANCIAL AID CANNOT BE INCREASED TO COVER THE FOLLOWING EXPENSES, PER FEDERAL REGULATIONS

- Spouse expenses
- Credit card payments
- Car payment
- Any other expense not directly related to your program of study