

Nunez Community College 3710 Paris Road Chalmette, LA 70043 504-278-6487 fax financialaid@nunez.edu www.nunez.edu

2023-2024 Budget Adjustment Request Form

Student Name:	Student ID#:
Student Mailing Address:	Date of Birth:
Email Address:	Telephone Number:

INSTRUCTIONS – PLEASE READ CAREFULLY

Our standard cost of attendance (a.k.a. budget) is a good faith estimate of expenses a student will encounter in an academic year. There are some circumstances where the Financial Aid Office is allowed to increase a student's budget. Budget adjustments are limited to certain types of expenses when a student can document they have an unusual circumstance. The unusual circumstances we can consider are listed on the next page. Since restrictions apply, you should speak with a financial aid staff member before submitting a Budget Adjustment Request form.

* Completion of this form does not guarantee approval. All requests are reviewed and approved on a case-by-case basis.

Budget adjustments are:

- Only allowed for an increase in Federal Subsidized Loan and/or Unsubsidized
- Only considered for expenses of the student and the student's qualifying dependents
- Approved on a "no-cash policy". You must provide a copy of cancelled check, money order, or cashier's check as proof of payment for any service when credit card receipt/statement is not available
- Only for costs incurred during the current academic term/year, while the student is enrolled
- Considered for a minimum adjusted amount of \$100 or more
- Required to have the appropriate documentation and receipts clearly showing the amount of expenses and the dates they were/will be (i.e. computer purchase) incurred for the student
- Limited to two adjustments per aid year (except in documented cases of an emergency)

Federal regulations limit the types of expenses that may be added to a student's budget. Common **NON-ALLOWABLE** expenses include, but are not limited to:

- Car payments, parking, gas, insurance and associated costs
- Credit card debt
- Job search costs (including suits and travel)
- Moving costs (including security deposits) and apartment furnishings
- Expenses incurred in previous loan periods or during the summer (if you are not enrolled)
- Cosmetic medical expenses
- Court or Attorney's fees
- Pets (care and related costs)

>	Reason for Budget Adjustment Request: (incomplete request will not be accepted)	Required Documentation:	
	Computer Purchase – on or after July 1, 2023. Only one request your entire time at this institution.	 Copy of receipt of purchase in student's name (or in parent's name used on FAFSA) Computer and accessories will be considered Maximum adjustment allowed = \$1,500 	
	Dependent Care Expenses – cost of childcare for children of independent students. Amount of consideration will be directly related to enrollment and not to exceed comparable Louisiana area rates.	 Name and age of dependent Children must be 14 and younger to be considered Name of agency/person, address, and contact number of provider Our office will verify if assistance is received from DHS Amount paid (indicate if weekly or monthly) 	
	Automobile repair – the standard budget already includes an allowance for maintenance and repairs of one student vehicle. To be considered, your repairs must exceed the budgeted amount.	 Proof of car ownership in student's name Receipt of repair work If repairs are the result of an accident, provide proof of insurance and deductible, if any Maximum adjustment allowed (per aid year) = \$2,500 	
	Medical Expenses – the standard budget already includes a miscellaneous cost to help cover any medical expenses. Adjustments for expenses may be submitted to cover certain costs associated with medical, dental and eye exams or emergency procedures.	 Documentation showing paid medical charges above what is already allotted in the student budget Any ongoing medical appointments, procedures, or prescriptions, please provide a cost and course of treatment from your healthcare provider Your out-of-pocket expenses, after your insurance company has made its adjustment and you have made your required payment to your healthcare provider 	
	Other expenses:	Please meet with a financial aid staff member to discuss your request.	
Certification Statement By signing this form, I hereby certify that I understand all of the instructions on both pages of the Budget Adjustment Form. I also certify that all statements and information provided are true, complete, and correct to the best of my knowledge. I understand that any budget increase I receive may result in my Federal student loan being increased, as long as I have remaining eligibility for the current aid year. Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both. Student Signature			
TO BE COMPLETED BY FINANCIAL AID SCHOOL OFFICIAL			
□-Approved □ Denied			
Comme	ents:		
	Name of School Official:	Title:	
	re of School Official:		
Date:			