

4513 Manhattan College Parkway Riverdale, NY 10471 Phone: (718) 862-7100 Fax: (718) 862-8027 Web: <u>www.manhattan.edu/finaid</u>

# **Graduate Budget Increase Application Instructions**

The budget that has been created is based on an estimate of what it will cost you to attend Manhattan College for the academic year. If your actual costs exceeded what is estimated as your budget you can provide documentation that may make you eligible for a budget increase that will be rewarded as a loan.

#### Typical Items for budget increase consideration:

#### **Course Related Items:**

- Computer (one time only)
- Certain program fees

#### Health:

• Dental and vision plans

#### Housing:

- Program Housing fees
- Off campus housing costs exceeding the Manhattan College Budget: rent, electricity, heat, water, internet

#### Other:

• Child Care (you must be the custodial parent of dependent child and provide receipts from non-family sitter/day care center. If a reimbursement from a social services agency or other source is received, please indicate the total value of the reimbursement)

#### Items that will not be considered for the budget (not limited to):

- Laundry Money
- Cable/satellite expenses
- Cell phone charges
- Data usage fees and net print fees
- Parking fines and vehicle related expenses
- Travel expenses for extracurricular activities
- Consumer debt, student loan payments
- School application fees
- Job interview costs (travel expense, costs of suits, etc.)
- Housing security deposits, first and last month's rent, furniture, moving/ relocating expenses, summer housing

## **Graduate Budget Increase Application**

### Academic Year: \_\_\_\_\_

Please attach all documentation with the application.

Name		Student ID Number Net ID		
Type of Cost	Cost	Eligibility / Documentation Requirements		
Books and		You must demonstrate that you book and supply total exceeds allowance.		
Supplies	\$	Receipts for all books and supplies required for each course		
Housing/ Utilities		You must demonstrate that your total housing cost exceeds your allowance.		
	\$	Copy of lease or copy of canceled rent checks		
		<ul> <li>Copies of utilities specifying you portion (if claiming this expense)</li> </ul>		
Medical		Bill from the doctor or provider of services and documentation		
Expenses	\$	from insurance company of what will be covered by insurance		
		Receipts or bills for mediation, optical, or dental expenses; the bill		
		must indicate amount not covered by insurance		
		Dental/Vision Insurance		
Computer		<ul> <li>Invoice or documentation showing the estimate of cost</li> </ul>		
	\$	<ul> <li>Receipt from purchase of computer within two weeks of approved increase</li> </ul>		
Miscellaneous		Increases will only be approved for required or wellness related expenses		
	\$	Please provide itemization and documentation of expenses.		
	\$			
	\$			

Please attach the appropriate loan application: The Direct Unsubsidized (if not at \$20,500 aggregate limit)

Graduate Plus loan or indicate which Alternative/ private loan you have applied for \_\_\_\_\_\_

If your request is approved, you will receive a revised financial aid award email. If you have any questions please contact the office.

I certify that the expensed listed her are true ad accurate and I understand that I must notify the Office of Financial Aid Administration if my expenses decrease.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY	Issued By:	Date Issued:	Amount Approved: \$