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:

<table>
<thead>
<tr>
<th>Course Related Items:</th>
<th>Housing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Computer (one time only)</td>
<td>• Program Housing fees</td>
</tr>
<tr>
<td>• Certain program fees</td>
<td>• Off campus housing costs exceeding the Manhattan College Budget: rent, electricity, heat, water, internet</td>
</tr>
<tr>
<td>Health:</td>
<td>Other:</td>
</tr>
<tr>
<td></td>
<td>• 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)</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Type of Cost</th>
<th>Cost</th>
<th>Eligibility / Documentation Requirements</th>
</tr>
</thead>
</table>
| Books and Supplies    | $___________ | You must demonstrate that you book and supply total exceeds allowance.  
• 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  
• Copies of utilities specifying your portion (if claiming this expense) |
| Medical Expenses      | $___________ |  
• Bill from the doctor or provider of services and documentation 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              | $___________ |  
• Invoice or documentation showing the estimate of cost  
• Receipt from purchase of computer within two weeks of approved increase |
| 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 expenses listed here are true and accurate and I understand that I must notify the Office of Financial Aid Administration if my expenses decrease.

Student Signature ____________________________ Date ________________

<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
<th>Issued By:</th>
<th>Date Issued:</th>
<th>Amount Approved:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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