

## 2018-2019 Request for Budget Review

A financial aid administrator may, on a case-by-case basis, adjust the student's budget or the data used to calculate Expected Family Contribution (EFC).

Category	Explanation	Special Considerations/Limitations	Appropriate Documentation
Medical/Dental Expenses	Excessive medical/dental costs that are not covered by insurance.	You are not able to use these costs for both a Request for Income Reassessment and a Budget Review. Speak with a financial aid representative to determine which form would best suit your needs.	Medical/Dental receipts or invoices from a health care provider. Printouts from the pharmacy showing current expenses.
Computer	Computer purchase, software or hardware purchases needed for school purposes only. Amount not to exceed \$800.	This is a one-time option as most degrees at PCC only require two years to complete.	Proof of purchase dated within the current academic year.
Disability	Expenses related to a disability such as medical equipment, special services, personal assistance, transportation, and/or supplies that are reasonably incurred and not covered by other agencies, including service animals.	Not Applicable	Provide documentation showing expenses paid by you or your parents (dependent students only), for any of the items listed under the explanation section.
Dependent Care	Dependent care required for school-related activities that include – but are not limited to – class time, study time, field work, internships, and commuting time to and from class.	Not Applicable	On a separate sheet of paper provide the names and ages of all children and/or dependents that receive these services. Provide a receipt for monthly or annual costs from the daycare center or babysitter providing the services.
Other/Miscellaneous	Any extenuating situation that is not typical. An example might be death in the family or other emergency in which additional unforeseen financial costs have incurred such as air fare to travel out of state.	Depending on the circumstance, the Financial Aid Office may or may not be able to include what you listed in this category. Additional documentation may also be required for approval.	Provide sufficient supporting documentation explaining the circumstance and proof of purchase or receipts for costs incurred.

All students will be notified with a message regarding the outcome on their MyPima > Financial Aid > My messages.

## 2018-2019 Request for Budget Review

Student's Full Name:	PCC Student ID Number: <b>A</b>
Student's Phone Number (include area code):	Student's Pima Email:

Pima Community College (PCC) uses a standard budget determined by your enrollment and average costs of attending school (e.g. room and board, transportation, books and supplies). In limited situations, Federal regulations permit increases to budget components for special financial circumstances. Return this completed form, along with the information requested below to have your budget reviewed.

**I must submit the following documents and understand that failure to submit all documentation will result in denial:**

- Provide a typed and signed statement explaining the extenuating circumstances for the item(s) indicated below.
- Provide supporting documentation showing actual costs for the circumstances. Examples of acceptable unusual circumstances and forms of documentation are listed on page 1 of this form.

In the table below, indicate if the expense is *one time*, *monthly* or *does not apply* and provide the corresponding dollar amount. Examples: If you have \$100 per month in medical bills that are not covered by insurance, check the *Monthly* column and input \$100 in the Costs column. If you are purchasing a computer and/or software, check the *One Time* column and input the dollar amount in the Costs column.

Category	Expense(s) Occur (Check appropriate column):			Costs
	One Time	Monthly	Does Not Apply	
Medical/Dental Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Dependent Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other/Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

- I understand that increases in budget comp components will only be considered for costs that have occurred or will occur within the current period of enrollment. Adjustments will only be considered for terms in which I am enrolled. Room & Board costs cannot be considered.
- I understand that if my review is approved, additional grants may not be available to meet my extra financial needs. As a result of my review, I may become eligible for Federal Work Study (FWS) or obtain an increase in my current FWS amount. I understand it is in my best interest to meet my additional costs through the FWS program rather than borrowing loans.
- I understand that if I want additional loan funds to cover these costs, I must submit a loan request form after the review has been completed. Furthermore, I understand that borrowing additional loans will increase my total loan indebtedness and bring me closer to my annual and aggregate loan limits as an undergraduate student

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

FINANCIAL AID OFFICE USE ONLY		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	
<input type="checkbox"/> Reviewed/no changes	<input type="checkbox"/> New EFC	
Employee Signature:	Date:	Trans. #:

**Scan and upload using the MyPima FA Document Upload portal, or submit to any campus Financial Aid Advisor in the Student Services Center if you are unable to upload.**