

2017-18 Student Budget Increase Request – Law

Name _____ UCI ID Number _____

E-mail: _____ Phone Number: _____

- Any additional need resulting from your increased costs will be met through the Direct Loan Program (for students or parents) or an alternative loan.
- The funds to cover additional expenses are disbursed each term.
- Please allow 10 days for a response. You will be notified via e-mail.

The following are allowable expenses for a student budget increase. Please indicate the type of expense you have incurred and complete the requested information in the table below.

- Computer** up to \$2000 (hardware, basic software, monitor, printer, warranty/service agreement)
 - Approved only once during a student’s tenure at UCI.
 - Requests for a computer budget increase will be considered for purchases made on or after July 1, 2017.
- Medical/Dental/Optical** (not covered by insurance)
 - Submit health care provider’s billing statements indicating cost, date of treatment, amount *paid* and any insurance payment or credit.
- Emergency Car Repair**
- Other**

Specific Budget Item or Expense	Amount
	\$
	\$
Estimated/Actual Total:	\$

- Child-care expenses** (Up to nine months’ maximum will be allowed.)

Child-Care Provider	Phone Number	Monthly Amount	Name of Child	Relationship to You	Age of the Child
		\$			
		\$			

Required Documentation:

Attach budget worksheet, receipts, cancelled checks, or billing statements that show proof of payment.

I certify that the information and documentation provided is true and complete, and should I have any changes, they will be reported in writing to the School of Law Student Financial Services.

Student Signature: _____ Date: _____

The State of California requires that you be told the following: Federal student loans are available to most students regardless of income and provide a range of repayment options including income-based repayment plans and loan forgiveness benefits, which other education loans are not required to provide.

Financial Aid Office Use Only:			
Total approved for budget addition: \$ _____	Staff Initials: _____	Date Processed: _____	07/10/2015

University of
California, Irvine
School of Law

UC Irvine School of Law
401 E. Peltason Drive, Suite 1000
Irvine, CA 92697-8000

Phone: 949-824-8080
FAX: 949-824-5848

Types Of Allowance	Amount Included in the Standard Budget	Maximum Allowable Add-On	Documentation Required
Rent, mortgage, utilities (Off Campus)	\$22,725	\$2,910 Per Academic Year	Copy of signed lease, copies of utility bills.
Rent, utilities (On-Campus)	\$12,835	\$3,500 per Academic Year	Copy of signed lease.
Transportation, Includes only local vehicle expenses (car repair/maintenance/gas) and public transportation	\$2,849	Commuter - \$385 per Academic year On-campus \$200 per Academic year	Itemization of per month calculated cost. Calculated at \$0.445 per mile plus cost of UCI commuter parking (not reserved).
Car Repair		Up to \$2,000	Receipt or itemized list of repairs including date of repairs. Documentation from student on use of car (commuter student, off campus job, etc.)
Personal Computer		Up to \$2,000	Receipt or order form for the computer.
Necessary dental/medical not covered by the insurance		Up to \$3,250 per Academic year	Copy of billing statement date of type of treatment. Billing statement must indicate the amount paid by insurance.
Out-of-pocket expenses for the purchase of mandatory health insurance for a dependent student		Actual Cost	Copy of a billing statement or a statement from the insurance carrier that documents the cost of insuring the student and the dependents.
Relocating Expenses		Up to \$2,300	Copy of billing statement or cancelled checks.
Childcare Expenses		Age Amount: 0-2 \$675/month 3-5 \$510/month up to 12 \$295/month	Receipt from care provider. Documentation indicating child age amount of coverage (full or part time) and amount paid monthly.

Budget Worksheet

Stay on track! Know exactly where your money is going each month. Complete this form and get started today.

Step 1: Calculate Your Monthly Income

Monthly Take Home Pay:	\$
Other Monthly Income:	\$
Financial Aid Refund:	\$
Minus Books:	\$
Remaining Aid to Pay Other Semester Expenses:	\$
Months in the Semester	Divide by 4.5
Total Monthly Income	\$

Step 2: Calculate Your Monthly Expenses

Monthly Expense	Amount
Mortgage/Rent:	\$
Home Insurance:	\$
Gas/Electric:	\$
Other Utilities (Water/Garbage):	\$
Cable and Internet:	\$
Cell Phone:	\$
Car Payment:	\$
Car (Gas/Maintenance):	\$
Parking Fee:	\$
Car Insurance:	\$
Groceries:	\$
Clothing:	\$
Entertainment/Dining Out:	\$
Health Insurance:	\$
Doctor/Dentist Visits:	\$
Prescriptions:	\$
Credit Card Payments:	\$
Other Expenses:	\$
Total Monthly Expenses:	\$

Step 3: Calculate Your Remaining Balance

Total Monthly Income from Step 1:	
Minus Total Monthly Expenses from Step 2:	
Remaining Balance:	

If your remaining balance is high, consider lowering any student loans you may have to reduce your debt. If your remaining balance is a negative number, consider reducing your expenses.

Submit this worksheet to the Office of Student Financial Services. Keep a copy for your records.