## UNIVERSITY OF ILLINOIS CHICAGO – Office of Student Financial Aid and Scholarships 1200 W. Harrison Street, M/C 334 -- Chicago, Illinois 60607-7163 -- Phone: (312) 996-3126



## 2024-2025 Budget Adjustment - Room and Transportation

Section A – Stu	dent Information (Plea	ase print clearly)		
Last Name	First Name	M.I.	Email	
Section B – Roc	om and Transportation	1		
your Cost of Attenda must be considered	ance may be adjusted. Sucl	n adjustments are RARE, a eady based upon recent co	cial aid offer does not reflect your co as the amounts used in your Cost o st of living data for the Chicago are amate(s).	f Attendance
You must demonst	trate expenses in the appl	icable category. The ma	kimum either item will be increas	ed is by 20%.
			ee months of <u>grocery receipts</u> . Sub led payments for at least 3 months.	
Monthly Rent: \$	Lease inclu	ıded: Yes / No		
$\square$ 3 months of gro	ocery receipts included: \$_			
requirement for pro Transportation (Ga (please	ogram-related travel.  as & Maintenance only): S	how proof of payment, suc months. (Insurance and a	h as cancelled checks, paid bills, o auto loan payments are NOT consid	r official receipts
Section C – Sta	tement of Certification	า		
1. (	urn this form to Student Fina Clearly print UIN on every nclude all appropriate sig	page of 8 ½ x 11 legible	os. When submitting documentatio	n:
I certify that the info	rmation provided on this forr	m and any attachments are	true and correct.	
Student Signature:	·		Date:	
ENTER YOUR 9	D-DIGIT UIN			
2425 B	BDAJ-O B			