

Office of Financial Aid & Scholarships 1 University Parkway University Park, IL 60484 708.534.4480 govst.edu/financialaid

## 2025-2026 BUDGET ADJUSTMENT FORM

## STUDENT INFORMATION

Please complete this verification form and provide copies of all requested paperwork to Governors State University. **Incomplete paperwork will not be accepted, thereby delaying the processing of your financial aid award.** 

Student Name:			GSU ID #		Last 4 digits of SS#:	
Please Print	Last	First				
Permanent Home Ado	dress:					_
		City		State	Zip Code	
Student's Date of Birt	h:	Home Pho	Home Phone #:		Cell #:	
Email Address:		@student.govst.e	@student.govst.edu			

## WHAT YOU SHOULD KNOW:

If you feel the amounts in your cost of attendance (COA) listed on your financial aid award notification do not accurately reflect your current situation, you may be eligible to have your COA re-evaluated. If upon review of the documentation submitted, your financial aid eligibility changes, you will be notified accordingly. In addition, annual and aggregate loan limits restrict eligibility for federal loans. Therefore, if your request is approved and you have reached your loan limits, only your eligibility for private loans may be affected.

- 1. The items below must be purchased by/apply to the student or spouse (if married), or a parent if the student is dependent.
- 2. The date of service or purchase must occur during the 2025-26 academic year. For those enrolled during the fall 2025 and spring 2026 terms, the dates are August 2025 May 2026. For those enrolled in the summer 2026 term, the dates are May 2026 August 2026. Computer purchases may occur three months prior to the 2025-26 academic year.
- 3. Please submit all budget adjustment requests for the fall and spring terms at one time as multiple requests will not be honored. Summer term requests should be submitted separately between April 2026 and June 2026 *Note: Monthly expenses are divided equally if the student is married or has roommate(s).*

## **INDICATE REASONS FOR BUDGET ADJUSTMENT:**

attendance will be increased is equal to the actual cost of the computer hardware or software, or \$2,000, whichever is less. A student is eligible to receive only one adjustment for a computer during his/her tenure at GSU. If the OSFA has been notified by the academic department that your program requires the purchase of a laptop and your cost of attendance already reflects a computer expense, your request cannot be approved. Documentation required: Copy of official receipt which clearly indicates the date of the purchase and what specifically was purchased (i.e. hardware, software, etc.). The receipt must indicate the name of the person (may be hand-written if not on receipt) who made the purchase(s) and their relationship to you, if the purchaser is not yourself. Please see the guidelines above, in
particular number 1, who is considered to be an eligible purchaser.
<b>Disability</b> . An allowance for expenses related to a student's disability may be included in the cost of attendance.

- These expenses include special services, personal assistance, transportation, equipment, and supplies that are reasonably incurred and not provided by other agencies. If you have already claimed these items as a deduction on your Federal income tax return, your request cannot be approved. <u>Documentation required: 2023 Tax Transcript and proof of payment such as cancelled checks or official receipts (please total amounts).</u>
- ☐ **Transportation, Room, and Board and Miscellaneous Personal.** If the <u>cumulative amount</u> of these items listed on your financial aid award notification does not reflect your current situation, your cost of attendance may be



Office of Financial Aid & Scholarships 1 University Parkway University Park, IL 60484 708.534.4480 govst.edu/financialaid

may be fined, be sentenced to jail, or both.

adjusted. Such adjustments are rare as the amounts used in your cost of attendance must be considered REASONABLE and are already based upon recent cost of living data for the University Park area. For such an adjustment to be considered, **you must demonstrate your expenses in all of these categories as you may** spend more in one area, but less in another. The maximum any one item will be increased is by 20%. Please provide a monthly budget of your expenses and supporting documentation to show that your expenses exceed the amount allocated in your cost of attendance. Documentation required: For "room" you need to provide a signed lease detailing your cost and time frame. For "transportation, board and miscellaneous personal" expenses, you will need to show proof of payment, such as cancelled checks or official receipts (please total amounts) for at least three months. Must also document how the expense is relevant to your educational costs. Please note that providing false or misleading documentation is considered fraudulent and may be referred to the United States Department of Education Inspector General's Office.

□ **Child Care or Dependent Care**. For a student with dependents, an allowance for costs expected to be incurred for dependent care may be included in your cost of attendance. This covers care during periods that include, but are not limited to, class time, study time, field work, internships, and commuting time for the student. If approved, the

amount of the allowance will		9	•	
costs in the community for th				
checks (front and back) and/				
for an elderly relative residin				
term care facility, asset inform			•	
elderly person was claimed a				<u>me, such as social</u>
security, pensions, and intere	<u>st/dividend</u>	income. Also need to comple	te the form below.	
CHILD CARE OR DEPENDENT	CARE			
		_		
What is your current marital status	: Singl	e □ Married □ Sep	parated/Divorced	
NAME OF LEGAL DEPENDENT	AGE	MONTHLY BABYSITTIN	C /DAVCADE COSTS	NUMBER OF
NAME OF LEGAL DEFENDENT	AGE	MONTHLI BABISHIIN	U/DATCARE COSTS	MONTHS *
				MONTHS
*Number of months you will be paying childcare	during the 202	l 25-26 academic vear (August 2025 -	Mav 2026). Summer term (M	lav 2026 – August 2026)
would need to be a separate request.	Ö	, ( 5	, ,	, ,
<b>CERTIFICATION OF CHILD CAI</b>	RE PROVI	DER		
I, the undersigned, certify that the informa	tion listed aho	we (name of legal dependents a	ges costs and number of	months is correct)
i, the undersigned, certify that the informa	tion nated abt	we (name of legal dependents, a	ges, costs, and number of	months is correctj.
Signature of childcare provider		Telephone number		
<b>CERTIFICATION STATEMENT</b>				
I certify that all information reported of	on this docur	nent is true, complete, and a	curate. I understand th	at any false statements
or misrepresentation will be cause for	denial, redu	ction, withdrawal and/or rep	ayment of financial aid	
-		, .	<u>-</u>	
			WARNING: If you purpos	sely give false or
Student's Signature	Date		misleading information of	on this worksheet, you