

Financial Aid and Scholarships  
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[financialaid.ucdavis.edu](http://financialaid.ucdavis.edu)  
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## 2018-2019 Documenting Additional Expenses

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### INSTRUCTIONS

1. Review the Financial Aid Student Expense Budgets on Financial Aid and Scholarship's website at [financialaid.ucdavis.edu](http://financialaid.ucdavis.edu). Based upon your applicable budget, determine whether you have exceeded the allotment for any category during the academic year.
2. Attach a written appeal stating what you are documenting and why. Provide copies of all necessary documents and receipts, or estimates of future expenses.
3. Expenses must be incurred during the academic year start and end date (September 2018 to June 2019). Copies of documentation must be submitted on 8 1/2 by 11 inch paper and include your Student ID on the top of all pages.

I am submitting the additional expenses for:

- |   |   |                   |                    |
|---|---|-------------------|--------------------|
| Increased Loan Eligibility:   | Subsidized Loan<br>(undergraduate only) | Unsubsidized Loan | Graduate PLUS Loan |
| <input type="checkbox"/> Work-Study Eligibility<br>(undergraduate only) |   |                   |                    |

I will accept up to \$\_\_\_\_\_ in additional loan (write in amount or "maximum") or Work-Study, as indicated above.  
 Any University Student Loan awarded during the academic year (September – May) may impact Summer financial aid eligibility.

### STUDENT EXPENSES: Please complete the applicable sections only.

*Refer to the list of allowable expenses and required documentation on the back of this form.*

- **Housing:** *(student's share only)*

Total Monthly Rent/Mortgage:	\$ _____
Total Monthly Average Utilities:	\$ _____
- **Medical/Dental/Optical:** *(not covered by insurance)* \$ \_\_\_\_\_
- **Required Educational Costs:** (research, specialized books & supplies, etc.) \$ \_\_\_\_\_
- **Transportation:** Commute from home to school and/or trips to your permanent residence (explain in your attached statement).  
 Daily round trip commute miles: \_\_\_\_\_ miles \_\_\_\_\_ times per week  
 Trips to Permanent Residence during the school year: \_\_\_\_\_ miles \_\_\_\_\_ times per month.  
 Location *(provide full address)* \_\_\_\_\_
- **Other:** *(Specify below. See list of allowable expenses on the back of this form. Provide written explanation and documentation.)*  
 \_\_\_\_\_ \$ \_\_\_\_\_

**I certify that all of the information on this form is true and complete, and that I will report any changes in writing to the Financial Aid and Scholarships Office.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ALLOWABLE EXPENSE CATEGORIES

Receipts must be submitted for all documented expenses.

## Examples of Additional Expenses NOT Included are:

- Cable
- Credit card debt
- Car payments
- Trips for entertainment purposes

## HOUSING (Room & Board)

Housing costs that exceed the basic student budget for reasonable, justified living accommodations are acceptable. However, you are expected to seek housing within the budgeted housing allowance. If you have roommates, your costs will be divided by the number of roommates.

Acceptable additions to this category include:

- Excess rent: a copy of your lease agreement
- Homeowner's or renter's insurance premiums: proof of payment, copy of policy
- Proof of payment: receipts, billing statements for three months for:
  - Basic PG&E/SMUD
  - Basic telephone costs
  - Basic Internet costs

## MEDICAL, DENTAL AND OPTICAL ALLOWANCES

A medical, dental and optical allowance for expenses not covered by insurance is included in the "Personal Expenses" category of the basic budget. Appropriate documentation for additional projected expenses or expenses that occur during the academic year include:

- Health care provider's billing statements showing cost, date of treatment, and amount paid
- Copy of insurance policy (for student's premium cost)
- Proof of payment by student or parent

Projected expenses that occur during the academic year will be considered when you present a signed health care provider's statement, written on letterhead, indicating:

- Treatment required
- Cost
- Scheduled date of treatment

## REQUIRED EDUCATIONAL COSTS

In addition to the basic "Books and Supplies" category of the student expense budget, acceptable additions include:

- Required reference texts
- Required special equipment/supplies
- Required research costs

## TRANSPORTATION

The basic student expense budget covers moderate cost of public transportation for incidental travel to and from your parents' or your home, and an annual bicycle license. **Transportation costs must be educationally related.** Acceptable additional expenses may include:

- Transportation costs required by an academic program, unusual medical condition or other reasons directly related to educational needs (supporting statements from an academic advisor may be requested).
- Costs of commuting to UC Davis from surrounding communities or visiting family and/or commuting to work/internship from surrounding communities. Be sure to include:
  - Estimated mileage per trip (indicate whether one-way or round trip)
  - List starting and ending addresses
  - Number of trips and total mileage
- Cost of car insurance for student that exceeds current budget allotment.
- Quarter(s) you will incur extra travel expenses.
- Receipts for travel expenses.

## LIFE INSURANCE

Life insurance premiums are allowed for the student and/or dependent children of the student. Proof of life insurance premiums in the student's name is required.

## ALTERNATIVE BUDGET REQUEST

Students who are married, or have dependent children age 18 and under are eligible for an increased budget to cover additional family expenses. Complete an Alternative Budget Request form, which is available on our website at: [financialaid.ucdavis.edu/faforms](http://financialaid.ucdavis.edu/faforms).