



**BUDGET ADJUSTMENT /
APPLICATION REVIEW FORM**

2011-2012

Student Financial Aid Services
Reed Hall- Suite 427
1620 McElderry Street,
Baltimore, MD 21205
410-955-1324 Telephone
410-614-3730 Fax
Email: finaid@jhmi.edu

Complete this form for reevaluation of your financial aid application status or budget adjustment request. Adjustments to your application does not guarantee immediate award funding. Additional award increases will be based on remaining federal and institutional budget levels.

(Allow 10 to 15 business days for processing. Students will be notified of status.)

Student Information: (Please Print)

_____ Last Name	_____ First Name	_____ SSN/ID	
_____ Street Address	_____ City	_____ State	_____ Zip
_____ Primary Phone (home, cell or work)	_____ Email Address	_____ Program	

Check all that apply and complete appropriate section. (Please note: all documentation must be received with the judgment request form before processing will begin).

A. _____ Income Reduction

If you and/or your spouse has stopped working or had a change in employment, complete section A.

Note: Income adjustment changes will be updated to both your FAFSA and Need Access applications which may affect both your federal and institutional funding.

B. _____ Family Expense

If you have dependents that you support, complete section B.

C. _____ Budget Increase (non family related)

If you have **education related expenses** which total more than those allotted in your current student budget (cost of attendance) or are not reflected in the budget, complete section C.

D. _____ Other

If you feel that your situation may require a review of your financial aid status but does not meet any of the above criteria, attach a letter of explanation and any supporting documentation.

Professional Judgment Request Decision:

You will be notified via written correspondence of the decision in regard to your professional judgment request within two weeks of submitting all required documentation. Please note:

- Failure to submit all required documents will result in a delay in the processing of your professional judgment request.
- A professional judgment budget increase request **does not** guarantee an immediate award adjustment if approved.
- A professional judgment request that does not affect your aid or eligibility will not be processed. (Ex., student has remaining need that has not been met)

Please read and sign below:

I declare the information and documentation I am providing to be true and correct to the best of my knowledge.

Student Signature

Date

**Section A
Income Reduction**

An income adjustment due to change in employment will not be processed until **after** the change in employment has taken place.

When did you/your spouse/your parent(s) change in employment occur? _____

Briefly, summarize the circumstances for the change in employment: _____

You are required to submit the following documents with this form to the Student Financial Aid Office:

- Signed and dated letter from your employer verifying the date of the change in employment – the letter must be dated **after** the change in employment
- Signed and dated federal income tax document (both student and spouse if married)
- Copy of last pay stub and, if applicable, current pay stub
- Any other documentation necessary as requested by the Student Financial Aid Office

**Section B
Family Expense**

The budget that we assign each student is that of a single independent student with no dependents. If a student has a family and/or dependents that he/she supports. You are required to submit the following documents with this form to the Student Financial Aid Office

- Federal Income Tax document(s)
- Daycare expenses (if applicable)
- Healthcare expenses not covered by insurance (if applicable)
- Any other documentation of expenses you would like to have considered as additions to your budget

You are required to provide an itemized list and provide documentation of these expenses. Submit this form, with your documentation, to the Student Financial Aid Office.

**Section C
Budget Increase (non family related)**

The budget that we assign each student is reflective of the tuition and fees paid to JHU, as well as costs for living expenses, transportation, books and supplies, etc. If you have extraordinary expenses that are related to your cost of education, these expenses may be added to your budget. The following are examples of expenses that may be added:

- Medical/dental expenses not covered by insurance
- Living expenses greater than those allowed by your budget
- Extended family support
- Purchase of a computer/laptop/required equipment for your program

You are required to provide an itemized list and provide documentation of these expenses. Submit this form, with your documentation, to the Student Financial Aid Office.

**Section D
Other Circumstances**

Follow instructions from page one.



BUDGET INCREASE APPLICATION

2011-2012

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Email: finaid@jhmi.edu
<http://www.hopkinsmedicine.org/som/offices/finaid/index.html>

Name (Please Print)

Identification Number

JHMI Email Address

Alternate Email Address

With how many people do you share living expenses? _____

Are you married? ___Yes ___No If yes, date of marriage: ___/___/_____

Do you have children that you support? ___Yes ___No If yes, how many? _____

Reason for budget increase: _____

List expenses for which you are applying to receive a budget increase.

TYPE OF EXPENSE	NAME OF ENTITY (IE. BANK NAME, BGE, VERIZON)	MONTHLY COST OR TOTAL IF ONE TIME COST	FIN AID APPROVAL (OFFICE USE ONLY)
Rent/Mortgage		\$	
Telephone		\$	
Cell Phone		\$	
Internet		\$	
Water/Sewage		\$	
Gas/Electric		\$	
Other Utility		\$	
Car Repair		\$	
Childcare		\$	
Medical/Dental/Eye		\$	
Computer		\$	
Other		\$	