



Office of Financial Aid

# 2016-2017 Cost of Attendance Budget Reevaluation Form

## Budgeted Living Expenses

Complete **ONLY** for the following items in which you are requesting an increase for, and fill in the dollar amount beside each item. **You MUST provide supporting documentation, such as receipts or estimates, for each item you indicate.**

Do you share living expenses with others?      Yes      No      (If yes, indicate below **ONLY** the portion of the expenses which you pay.)

Budgeted Living Expenses You Pay		Average Amount Per Month
ROOM & BOARD	Mortgage / Rent	
	Gas	
	Electric	
	Water/Sewage	
	Cell Phone	
	Internet	
	Other: _____	
TRANSPORTATION	Gasoline / Tolls	
	Auto Maintenance	
	Auto Insurance	
	Public Transportation	
PERSONAL	Medical / Health	
	Other: _____	
DEPENDENT CHILDCARE EXPENSES		
<b>Total Monthly Expenses:</b>		
EMERGENCY EXPENSES	Medical / Health	
	Car Repairs	
	Other: _____	
	Other: _____	
<b>Total Emergency Expenses:</b>		

### Signatures

I certify that all the information reported on this worksheet is complete and correct. I understand that incomplete or missing documents or forms can result in a delay of the aid process. If you purposely give false or misleading information you may be fined up to \$20,000, sent to prison, or both.

\_\_\_\_\_      \_\_\_\_\_  
Print Student Name      RUID or A number

\_\_\_\_\_      \_\_\_\_\_  
Student Signature      Date

**For more information on where you can submit your completed documentation, please visit:**  
<https://studentaid.rutgers.edu/contact.aspx>