

UNIVERSITY OF ILLINOIS AT CHICAGO – Office of Student Financial Aid

College of Medicine: 808 S. Wood Street, M/C 782 -- Chicago, Illinois 60612-7301 -- Phone: (312) 413-0127

2024-2025 Request for Budget Adjustment- Rent/Mortgage

Section A – Student Information (Please print clearly)

Last Name	First Name	M.I.	Email	
Street Address	City	State	Zip Code	

If the amounts in your Cost of Attendance (COA) listed on your Financial Aid Notification do not accurately reflect your current situation, you may be eligible to have your COA re-evaluated. Adjustments made between fall/spring are divided equally between terms, while summer is separate.

Section B – Rent or Mortgage

The COM OSFA allocates housing expenses in the student budget in the following way: \$1,500/ month for Chicago and \$1,200/ month for Peoria or Rockford. Students whose rent/mortgage exceeds the budget can appeal for an increase to accommodate the additional monthly cost of up to \$200 per month. Note: Monthly expenses are divided equally if the student is married or has a roommate(s).

Documentation required: A current lease or mortgage statement.

- Leases must include an address, start/end dates, monthly amount due, and signatures of the lessor and lessee to be considered valid.
(If a parent owns/ leases the residence but does not reside at the property, also submit a notarized letter from a parent stating that the student is solely responsible for payments and three months of canceled checks/proof of payment).
- The mortgage statement must include the address, owner’s name, and monthly amount due.

If all proper documentation is not submitted, your file cannot be reviewed. The lease/mortgage statement must be valid during the 2024-25 academic year (August 2024 - May 2025 for Fall/ Spring, May 2024 – July 2025 for Summer).

Deadline Dates for 2024-2025 Budget Adjustment Appeals:

Fall Term: November 8, 2024 Spring Term: April 11, 2025 Summer Term: July 5, 2025

Section C – Statement of Certification

I certify that the information provided on this form and any attachments is true and correct.

Student Signature: _____ **Date:** _____

ENTER YOUR 9-DIGIT UIN 

2425

BDAJ-O B

--	--	--	--	--	--	--	--	--