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)

BDAJ-O

Last Name	First Name	M.I.		Email	
Street Address	Cit	у	State	Zip Code	
current situation, you r		ur COA re-evaluate		n do not accurately reflect your e between fall/spring are divided	
Section B – Rent	or Mortgage				
\$1,200/ month for Peo accommodate the add		whose rent/mortgag to \$200 per month.	ge exceeds the budge	\$1,500/ month for Chicago and et can appeal for an increase to e(s).	
Documentation requi	red: A current lease or mo	ortgage statement.			
be conside (If a parent	ered valid.	out does not reside at	the property, also subr	signatures of the lessor and lessee to mit a notarized letter from a parent stating ecks/proof of payment).	
o The mortg	age statement must includ	de the address, owr	ner's name, and mon	thly amount due.	
	entation is not submitted ademic year (August 2024			ease/mortgage statement must be valid – July 2025 for Summer).	
Fall	<u>Deadline Dates</u> Term: November 8, 2024		get Adjustment Ap ril 11, 2025 Summ		
Section C – State	ment of Certification				
certify that the inform	ation provided on this form	n and any attachme	nts is true and corre	ct.	
Student Signature:			Date:		
ENTER YOUR 9-D	IGIT UIN				

 \blacktriangle

2425