

Buffalo State University

Banner ID: _____

Student Phone: _____

Name: _____

Other/Parent Phone: _____

2026-2027 Budget Increase Request

Budget increase requests must be submitted at least two weeks prior to the end of the academic year or the student's last date of enrollment, whichever happens first.

Select the reason for your request below and enter the dollar amount you are requesting. All requests must include a signed statement explaining the need for the increase and supporting documentation showing your expenses. Please include your full name and Banner ID on any documentation you submit.

☐ **Check this box to confirm you have included a signed statement explaining the reason for your request**

Then select one of the options below:

- ☐ \$ _____ **Childcare expenses** – for student's dependents only. In most cases only a student's loan or work-study eligibility will be affected. Attach signed copies of childcare invoices for each dependent.
- ☐ \$ _____ **Computer** – Provide proof that the equipment is required and an estimated cost (up to \$2000). A budget increase for a computer will only be considered once during your attendance at Buffalo State. You must provide the receipt immediately after making the purchase. Failure to provide the receipt within 30 days of approval will result in any additional funds being returned. Also, if the actual purchase price is less than estimated the funds will be returned.
- ☐ \$ _____ **Special Equipment (required supplies for course work or special equipment for students with disabilities)** – Provide proof that the equipment is required and an estimated cost.
- ☐ \$ _____ **Housing costs above the cost of attendance allowance** – If living off-campus provide a copy of your lease.
- ☐ \$ _____ **Costs associated with certifications and licenses** – provide proof of actual cost.
- ☐ \$ _____ **Other:** _____

Certification and Signature (signatures must be handwritten):

I certify that all the information reported is true and accurate to the best of my knowledge. I understand that if I do not provide the documentation required this request can be denied. I understand that I may submit only one request per academic year and that all decisions are final and at the discretion of the financial aid staff of Buffalo State University. If I provide false or misleading information, I understand that I may be fined, imprisoned, or both.

Student Signature: _____

Date: _____

SUBMIT THIS FORM AND ALL REQUIRED DOCUMENTS TO:

Financial Aid Office, MH 230; 1300 Elmwood Ave.; Buffalo, NY 14222-1095
finaid@buffalostate.edu (pdf's only) · (716) 878-4902 · fax (716) 878-4903