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CAMPUS**
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2016-2017 Cost of Attendance Re-Evaluation Request

Student Name: _____ ID: _____

Please find below a table of living expenses that can be re-evaluated by the Financial Aid Office. Next to each item, please write the dollar amount of your average monthly living expense. If you share living expenses with other individuals, then indicate only the portion of expenses for which you are responsible. When an expense occurs other than monthly, please convert it to a monthly average. Please report "N/A" on a line item that does not apply to you.

<u>Living Expense Item You Pay</u>	<u>Average Monthly Amount</u>
Mortgage/Rent	\$ _____
Food and Household Supplies	\$ _____
Gas Utility	\$ _____
Electric Utility	\$ _____
Cell Phone	\$ _____
Gasoline for Vehicle/Tolls	\$ _____
Vehicle Maintenance	\$ _____
Vehicle Insurance	\$ _____
Public Transportation	\$ _____
Clothing	\$ _____
Medical/Health Expenses	\$ _____
Other – Specify _____	\$ _____
<u>TOTAL</u>	\$ _____

In order to consider your request, please submit supporting documentation substantiating the amount of each living expense.

I certify that all of the information reported on this form is complete and correct. I understand that giving false or misleading information may result in denial or cancellation of financial aid.

NOTE: Computer generated signatures are not acceptable.

Student signature

Date

No federal, state, or institutional financial aid will be awarded to you until the verification process is complete.

Union County College does not discriminate and prohibits discrimination, as required by state and/or federal law, in all programs and activities, including employment and access to its career and technical programs.

<http://ucc.financialaidtv.com/>

Financial Aid Office – financialaid@ucc.edu

