

Request Denied _____
Request Approved _____
Date _____



COMMUNITY AND  
TECHNICAL COLLEGE

## 2006 - 2007 REQUEST FOR ADDITIONAL DOCUMENTS

Students Name: \_\_\_\_\_

Students ID#: \_\_\_\_\_

We have received your application for student aid for the 2006-2007 academic year. In order to continue processing your financial aid, we need the following indicated item(s) to be completed and returned to the Financial Aid Office as soon as possible.

\_\_\_\_\_ Sign/Submit a copy of the \_\_\_ Parent \_\_\_ Student \_\_\_ Spouse Federal Tax Return

\_\_\_\_\_ Copy of \_\_\_ student, \_\_\_ spouse, \_\_\_ father, \_\_\_ mother W2(s)  
Wages earned = \$\_\_\_\_\_. We have W2's totaling \$\_\_\_\_\_. We are missing \$\_\_\_\_\_.

\_\_\_\_\_ Copy of Social Security Card

\_\_\_\_\_ Complete the highlighted areas on the enclosed form(s).

\_\_\_\_\_ DD-214

\_\_\_\_\_ Copy of Birth Certificate

\_\_\_\_\_ Social Security year end statement

\_\_\_\_\_ Submit a RTFTP printout or Letter 8050C from the IRS to accompany your Electronic Form.

\_\_\_\_\_ Submit all supporting schedules for \_\_\_ Parent \_\_\_ Student \_\_\_ Spouse tax return.  
Schedule \_\_\_ A \_\_\_ B \_\_\_ C \_\_\_ D \_\_\_ E \_\_\_ F

\_\_\_\_\_ Other \_\_\_\_\_

We **cannot** finish processing your file until the item(s) is/are returned.

# Budget Increase Request Form

Student ID \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Dear Student,

You have requested a budget increase; documentation of increased expenses above your budget allowance must be provided.



**Provide photocopies of the following if applicable**

(If you cannot supply an item, explain)

- Mortgage/lease agreement, or
- Statement from your landlord stating how long you have lived at the residence and if utilities are included in the rent
  
- Rent receipts for the past six months, or
- Check stubs for the past six months and statements of your portion – if expenses are shared also include a letter from the person(s) to whom you paid your share of the rent.
  
- Utility payments, cell phone bill, cable bill, trash pick-up bill, etc.
  
- Car payment coupon and
- Vehicle insurance premium
  
- Medical expenses (including insurance premium)
- Home insurance premium payments
- Child Care for past six months

**Incomplete applications will be denied.**

You will be notified in writing within 10 business days of the Financial Aid Office's decision on your appeal

**Return completed form to:**

Blue Ridge Community and Technical College

*Office of Student Financial Aid*

400 W. Stephen St.

Martinsburg, WV 25401

304/260-4380 Fax 304/260-4376

[www.blueridgectc.edu](http://www.blueridgectc.edu)

## STUDENT'S EXPENSE INFORMATION

The following accounts are paid by:

<u>Me</u>	<u>My Parents</u>	<u>Other</u>	<u>Monthly Expenses</u>	
_____	_____	_____	Tuition & Fees (per semester)	\$ _____ x 2 = \$ _____
_____	_____	_____	Books & Education Supplies (per semester)	\$ _____ x 2 = \$ _____
_____	_____	_____	Rent, Mortgage & Room Fees in Residence Halls (monthly)	\$ _____ x 9 = \$ _____
_____	_____	_____	Utilities (gas, electric, water, phone, etc.) (monthly)	\$ _____ x 9 = \$ _____
_____	_____	_____	Food (include campus board fees) (monthly)	\$ _____ x 9 = \$ _____
_____	_____	_____	Transportation (subway, train, bus, car pool) (monthly)	\$ _____ x 9 = \$ _____
_____	_____	_____	<u>Automobile Expenses</u> Car Payments (monthly)	\$ _____ x 9 = \$ _____
_____	_____	_____	Insurance (monthly)	\$ _____ x 9 = \$ _____
_____	_____	_____	Taxes, licenses, inspections	\$ _____
_____	_____	_____	Maintenance (gas, oil, repairs) (monthly)	\$ _____ x 9 = \$ _____
_____	_____	_____	Personal Consumer Loans Credit Cards (monthly)	\$ _____ x 9 = \$ _____
_____	_____	_____	Medical Expenses (include insurance premium) (monthly)	\$ _____ x 9 = \$ _____
_____	_____	_____	Child Care (monthly)	\$ _____ x 9 = \$ _____
_____	_____	_____	Insurance (personal, home) (monthly)	\$ _____ x 9 = \$ _____
_____	_____	_____	Clothing (work, leisure, laundry, repairs) (monthly)	\$ _____ x 9 = \$ _____
_____	_____	_____	Recreation, Entertainment (monthly)	\$ _____ x 9 = \$ _____
_____	_____	_____	Other _____	\$ _____
_____	_____	_____	Other _____	\$ _____
_____	_____	_____	Other _____	\$ _____

**TOTAL EXPENSES**

**\$ \_\_\_\_\_**