

MOORPARK • OXNARD • VENTURA FINANCIAL AID OFFICE

BUDGET ADJUSTMENT FORM

Name: _____ SSN/ID: _____

CHANGE IN ENROLLMENT (Please mark all terms that apply.)

| | | | |
|---------------|--------------------------|--------------------------|--------------------------|
| | FALL _____ | SPRING _____ | SUMMER _____ |
| NOT ATTENDING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMPUTER EXPENSE. Computer costs will be considered on a case by case basis with appropriate documentation (e.g. receipt) in accordance with federal regulations.

Date of Purchase:

____/____/____

Computer Cost Paid:

\$ _____

CHANGE IN HOUSING. Proof required. Attach rental agreement and receipts

Effective, ____/____/____ I am living: ☐ With Parents ☐ Off Campus (Not with parents)

DEPENDENT CARE EXPENSES. Proof required. Attach proof of dependent care expenses paid by you

I certify that I pay \$ _____ per month to: _____

(Name of dependent care facility/child care agency/babysitter)

Dependent Care expenses are paid by me for dependent(s) listed below :

(Name of dependent 1) (Age)

(Name of dependent 2) (Age)

(Name of dependent 3) (Age)

The person signing this form certifies that all the information reported on it is complete and correct.

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY

☐ Approved ☐ Denied

By: _____ Date: _____

VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

