

Orange Coast College  
Student Financial Aid Office  
Loan Appeal Request Form  
2009-2010

Name	_____	_____	_____	_____
	Last,	First	Middle Initial	
Address	_____			
	Street	City	State	Zip
			OCC ID Number	

We are very concerned about student loan indebtedness. Consequently, all students interested in borrowing more than the OCC recommended loan limit, must complete this request form and submit it to the Student Financial Aid Office. The Student Financial Aid Appeal Committee will review each request. You will be informed of the Committee's decision in writing.

How much are you requesting?

Amount of subsidized Stafford Loan you are requesting for this school year: \$ \_\_\_\_\_

Additional unsubsidized loan you are requesting: \$ \_\_\_\_\_

Total outstanding FFELP/Direct Loans: \$ \_\_\_\_\_

Total outstanding Federal Perkins Loan: \$ \_\_\_\_\_

**Please note:** All unsubsidized loans begin to accrue interest immediately.

Reason for borrowing

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**TO BE COMPLETED BY STUDENT**

Complete both budget worksheets found on this form. The first budget is current and you must itemize your income and expenses as they are now. The second budget is projected and you must itemize your expected future income and expenses.

Budget Worksheet while in School	Budget Worksheet after Graduation
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Fall Semester Books & Supplies \_\_\_\_\_  
 Spring Sem. Books & Supplies \_\_\_\_\_

**Current Monthly Expenses**

*(if married include spouse information)*

Your share of the:

Rent or Mortgage \_\_\_\_\_  
 Transportation (gas, car pay't, bus) \_\_\_\_\_  
 Utilities (phone, elec., gas, water) \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Food \_\_\_\_\_  
 Personal Expenses \_\_\_\_\_  
 Recreation \_\_\_\_\_  
 Insurance (auto, health, life) \_\_\_\_\_  
 Child Care \_\_\_\_\_  
 Other (explain) \_\_\_\_\_  
 \_\_\_\_\_

**Current Monthly Income** (if married, include Spouses information)

Wages/Earnings (Do not include Work-Study) \_\_\_\_\_  
 AFDC/TAN/CAL Work \_\_\_\_\_  
 General Relief \_\_\_\_\_  
 Food Stamps \_\_\_\_\_  
 Parental Support \_\_\_\_\_  
 Social Security or SSI \_\_\_\_\_  
 Unemployment \_\_\_\_\_  
 Other Income \_\_\_\_\_  
 Source \_\_\_\_\_  
 Child Support/Alimony \_\_\_\_\_

**Certification:**

I certify that the information provided above is true. If requested I will provide any documentation supporting the above figures. I recognize the responsibility and commitment to repay all student loans.

\_\_\_\_\_  
 Student's signature

\_\_\_\_\_  
 Date

**Projected Monthly Income**

Expected Job Title \_\_\_\_\_  
 Expected Starting Salary \_\_\_\_\_  
 Other Income \_\_\_\_\_  
 Less Estimated Taxes \_\_\_\_\_

**Total Monthly Income** \$ \_\_\_\_\_

**Monthly Expenses**

1. Student Loan Payment \_\_\_\_\_  
 (see handbook)

2. Housing & Maintenance \_\_\_\_\_  
 a. Rent/Mortgage Payment \_\_\_\_\_  
 b. Insurance \_\_\_\_\_  
 c. Utilities \_\_\_\_\_  
 d. Furniture/Appliances \_\_\_\_\_

3. Transportation \_\_\_\_\_  
 a. Car Payment \_\_\_\_\_  
 b. Insurance \_\_\_\_\_  
 c. Gas/Oil/Repairs \_\_\_\_\_

4. Food \_\_\_\_\_  
 a. Groceries \_\_\_\_\_  
 b. Restaurants/Eating Out \_\_\_\_\_

5. Clothing \_\_\_\_\_  
 a. Clothes \_\_\_\_\_  
 b. Dry cleaning/laundry \_\_\_\_\_

6. Medical \_\_\_\_\_  
 a. Insurance \_\_\_\_\_  
 b. Doctors/Dental \_\_\_\_\_

7. Personal \_\_\_\_\_  
 a. Haircuts \_\_\_\_\_  
 b. Toiletries/Cosmetics \_\_\_\_\_  
 c. Gifts/Other \_\_\_\_\_

8. Child Care \_\_\_\_\_

**Total Expenses** \_\_\_\_\_  
**Difference\*** (monthly income less total expenses) \_\_\_\_\_

**\*This is the amount available for student loan repayment, discretionary income and savings**