



## 2017-2018 HOUSING ADJUSTMENT FORM

Name: Last

First

UID#

Please complete this form and submit the requested supporting documentation if applicable.

**\*Requests must be submitted at least two (2) weeks prior to end of enrollment period/term.\***

- The Housing status currently used by the Financial Aid & Scholarships Office is incorrect. (See Sec. A)
- Mid-Quarter/Year change to housing status as of (term/date) \_\_\_\_\_ . (See Sec. A)
- I am a single parenting-student, my rent is \$\_\_\_\_\_ (See Sec. B & C)
- I want to request an increase to cover a higher rent cost that is allowed in the standard budget. (See Sec A)

### Standard Budget Used

Undergraduate:	Off Campus \$7,309 Academic year (\$812 monthly)	On Campus \$14,258 Academic Year (\$1,584 monthly)
Graduate :	Off Campus \$10,303 Academic Year (\$1,145 monthly)	—

We will allow a maximum of \$200 per month for rent cost that exceed the standard allowance.\*\* Rent add-on will be funded with loans. Federal regulations require that all loans offered must be divided equally across all quarters of enrollment.

### SECTION A: Change in Housing Status (Check One)

- |  |  |
|--|--|
| <b>From</b>  | <b>To</b>  |
| <input type="checkbox"/> On-Campus <input type="checkbox"/> Off-Campus <input type="checkbox"/> Commuter | <input type="checkbox"/> On-Campus <input type="checkbox"/> Off-Campus <input type="checkbox"/> Commuter |

### Definition and Instructions

**On-campus** (residence halls, residential plazas or residential suites only): Please submit a signed copy of your Housing Offer letter or your Notice of Acceptance letter. **DO NOT COMPLETE SECTIONS B OR C OF THIS FORM.**

**Off-campus** (apartment, university owned apartment, fraternity/sorority, co-op): Please refer to section B and C.

**Commuter** (living with parents or relatives): If you check commuter status, no further documentation is required with this form. **Do not mark commuter if you are living with your children and/or spouse, INDICATE OFF-CAMPUS.**

STAFF: Student on Housing Report Y: \_\_\_ N: \_\_\_ Status (Circle One): ON/OFF Amt \$ \_\_\_\_\_ STAFF Initials \_\_\_\_\_

### SECTION B: Proof of payment

If you are applying for a rent add-on, proof of payment must be supplied.\*

- Cleared rent check (front and back copy) via bank account made out to landlord, rental company or a roommate whose name appears on the lease, or
- Copies of Money Orders or Cashier's Checks that specify both purchaser and payee. **NO CASH RECEIPTS**
- If rent is paid with cash, copies of bank statements reflecting rent payment for at least two (2) months

\*\* Note: If you pay your portion of rent to your roommate, you must submit (in addition to your rent payment) proof of your roommates' rent payment to the landlord/rental company.\*\*

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**SECTION C: Housing Contract/Lease Information (Check One)**

Please attach complete photocopies of one the following:

- CURRENT LEASE AGREEMENT** listing all tenants and valid signature page with your name for the 2017-18 academic year.
- SUBLEASE** with your name and the original lease contract for the 2017-18 academic year.
- SIGNED HOUSING CONTRACT:** for fraternities, sororities, University owned apartments or co-ops with your name for the 2017-18 academic year.

**If you are unable to provide a lease agreement or housing contract, please have your roommate or landlord complete the section below.**

Note: If your roommate is completing this section, you must also submit a copy of your roommate's lease agreement.

I, \_\_\_\_\_,  
Name of Roommate or Landlord (Circle to indicate who)

declare that \_\_\_\_\_,  
Student Name

resides at \_\_\_\_\_,  
Street Apartment Number City State Zip Code

and pays \$\_\_\_\_\_ per month for rent.

The terms of residency are: \_\_\_\_\_ month to month \_\_\_\_\_ to \_\_\_\_\_  
Month Day Year Month Day Year

\_\_\_\_\_ long-term: from \_\_\_\_\_ to \_\_\_\_\_  
Month Day Year Month Day Year

\_\_\_\_\_  
Roommate/Landlord Signature (\_\_\_\_\_) Telephone Number \_\_\_\_\_ Date Signed

\_\_\_\_\_  
Landlord's Email

\_\_\_\_\_  
Landlord's Phone  
Best times to call

Send all documentation to:  
**Financial Aid Office—Dental School**  
A0-111, Center for the Health Sciences  
Box 951762  
Los Angeles, CA 90095-1762  
Office: (310) 825-6994  
Fax: (310) 825-9808  
Email: Financial\_Aid@dentistry.ucla.edu