



2018 SUMMER 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)
- 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 \$8454 Academic year (\$939 monthly)	On Campus \$14,843 Academic Year (\$1,649 monthly)
Graduate :	Off Campus \$11,917 Academic Year (\$1,324 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)

- | | |
|--|--|
| <u>From</u> | <u>To</u> |
| <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
- Electronic Transfer Payment applications such as **Venmo/CASH/Apple Cash/etc.** must be accompanied by bank statement with a clear indication of the transaction.

** 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.**

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

- CURRENT LEASE AGREEMENT** listing all tenants and valid signature page with your name for the 2018 Summer, or 2018-19 academic year.
- SUBLEASE** with your name and the original lease contract for the 2018-19 academic year.
- SIGNED HOUSING CONTRACT:** for fraternities, sororities, University owned apartments or co-ops with your name for the 2018-19 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

Landlord's Email

_____ long-term: from

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

_____ to

Student Signature _____ **Date** _____