2017 SUMMER HOUSING ADJUSTMENT FORM

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**

<table>
<thead>
<tr>
<th>Undergraduate:</th>
<th>Off Campus $7998 Academic Year ($889 monthly)</th>
<th>On Campus $13,976 Academic Year ($1,553 monthly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate:</td>
<td>Off Campus $11,274 Academic Year ($1,253 monthly)</td>
<td>——</td>
</tr>
</tbody>
</table>

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.

**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.

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

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ On-Campus ☐ Off-Campus ☐ Commuter</td>
<td>☐ On-Campus ☐ Off-Campus ☐ Commuter</td>
</tr>
</tbody>
</table>

**Definition and Instructions**

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.**

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

<table>
<thead>
<tr>
<th>STAFF: Student on Housing Report Y: N: Status (Circle One): ON/OFF Amt $</th>
<th>STAFF Initials</th>
</tr>
</thead>
</table>

**SECTION B: Proof of payment**

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 ______________________

Please attach complete photocopies of one the following:
SECTION C: Housing Contract/Lease Information (Check One)

☑ CURRENT LEASE AGREEMENT listing all tenants and valid signature page with your name for the 2017 Summer, or 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:
UCLA Financial Aid and Scholarships
A-129J Murphy Hall
Box 951435
Los Angeles, CA 90095-1435
Phone: 310-206-0400
FAX: 310 267-4143