

**2016-2017 Rent Lease Verification Form (For Dependent Students Only)**

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_ ID: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Off campus address: \_\_\_\_\_

You have indicated that you will NOT be **living with your parents** for the **2016-2017** academic year. You must complete this form in order for us to change your Cost of Attendance. The Financial Aid Office will verify all the information you provide.

- A. Provide a **COPY** of the following, which is in your name:
  - o **Rental Agreement Contract**
- B. Provide the name, address and telephone number of the agency which fits your rental situation:
  - 1. I have a (**circle one**):

Rental Agency    Apartment Manager    Landlord    Other: \_\_\_\_\_

2. **Occupancy date:** \_\_\_\_\_ **to** \_\_\_\_\_

3. Total Rent per month \$ \_\_\_\_\_ Amount you pay per month \$ \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

- C. Provide the names of your roommates:

\_\_\_\_\_

\_\_\_\_\_

**I understand that if this form is NOT complete, or any inconsistencies are found, my cost of attendance budget will remain as LIVING WITH PARENTS.**

\_\_\_\_\_

Student's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Landlord's/Manager's/Owner's Signature

\_\_\_\_\_

Date

*NOTE: Changing a student's cost of attendance does not increase Pell Grant eligibility.*

**Please submit to either of the following UTRGV locations:**

<p><b>The Tower, Main 1.100</b>  <b>One West University Blvd.</b>  <b>Brownsville, Texas 78520</b>  <b>Ph: (888) 882-4026</b>  <b>Fax: (956) 882-8229</b></p>	<p><b>Visitors Center 1.113</b>  <b>1201 West University Drive</b>  <b>Edinburg, Texas 78539</b>  <b>Ph: (888) 882-4026</b>  <b>Fax: (956) 665-2392</b></p>
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For Office Use Only:

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_