

2019-2020 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 **2019-2020** 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:
- **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>The Tower, Main 1.100 One West University Blvd. Brownsville, Texas 78520 Ph: (888) 882-4026 Fax: (956) 882-8229</p>	<p>Visitors Center 1.113 1201 West University Drive Edinburg, Texas 78539 Ph: (888) 882-4026 Fax: (956) 665-2392</p>
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For Office Use Only:

Processed by: _____

Date: _____