Housing Contract Release Request

Financial Information Form

This form should be completed with a Financial Aid counselor based on financial hardship. Forms with incomplete information will be denied. Form can only be considered with **complete and accurate documentation. Please note that financial savings are not grounds for an exemption for financial hardship.**

Off Campus Residence Information

Monthly Off Campus Expenses

Rent $_____ **Electric/Gas** $_____

Internet $_____ **Transportation** $_____

Water $_____ **Furniture** $_____

Misc. $_____ ***Must Be Calculated***
(car payment & insurance, food, cell phone, laundry, entertainment etc.)

SEMESTER TOTAL $_____

Proposed Residence / Landlord Information

_____
Proposed New Address

_____
Landlord Name

(_____) _____-_____
Phone Number

Length of Proposed Lease:

___9 month ___10 month ___12 month

Financial Hardship Information

Financial Hardship: Requests for release based upon financial hardship must include documented evidence of extreme financial need by providing evidence of recent employment termination or extreme hardship (death of a primary income provider, medical expenses exceeding maximum insurance coverage, etc.). Requests to reside off campus for **financial *savings* are not considered valid for a financial hardship exemption request.** All students submitting a contract release for financial reasons must meet with a Financial Aid counselor BEFORE submitting this form (bring this form to your meeting). The Financial Aid office is located on the 3rd floor of Bunting.

I give permission for the Financial Aid office to release my financial information to the Office of Residence Life to verify my request for release of my Housing Contract due to financial hardship.

Print name: _____ Signature: _____ Date: _____/_____/_____

MICA Financial Aid Office use ONLY

I have met with the above student and discussed their financial hardship. I will send notification to the Office of Residence Life verifying the above student's financial situation.

Financial Aid counselor's printed name: _____

Financial Aid counselor's signature: _____ Date of meeting: _____/_____/_____