

**2018-2019 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 **2018-2019** 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:**

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

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