

**RENTLS**

**20XX-20XX 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 **20XX-20XX** 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.

1. Provide a **COPY** of the following, which is in your name:

# o Rental Agreement Contract

1. 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:

# Occupancy date: to

* 1. Total Rent per month $ Amount you pay per month $

Address:

Phone Numbers:

1. 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.

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| **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** |

For Office Use Only:

Processed by:

Date: