

**FINANCIAL AID
RENT ADJUSTMENT REQUEST**

Date: _____

NAME: _____

CUID or UNI: _____

Check one: ETP MS DNP PhD

Graduation Year: 20_____

Address: _____

Contact #: _____

Total Monthly Rent: _____

Number of Roommates: _____

Your Share of Rent: _____

Your Share of Utilities: _____

Please attach one of the following:

- Copy of lease
- Notarized letter from leaseholder stating your portion of rent
- Cancelled check that was payable to the landlord.