



Charles E. Schmidt College of Medicine  
 Office of Medical Student Financial Aid  
 777 Glades Road, Bldg. 71  
 Boca Raton, FL 33431  
 tel: 561.297.4964  
 med.fau.edu

**2021-2022 Housing Status Revision Request**

Name: \_\_\_\_\_

FAUZ #: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

FAU Email: \_\_\_\_\_@health.fau.edu

**IMPORTANT:** This form must be completed (including any attachments) and submitted to the Office of Medical Student Financial Aid no later the date of the change for the 2021-2022 Academic Year.

**Instructions:**

Select the option that describes your change in housing. Sign and submit this form to the Office of Medical Student Financial Aid.

My housing plans for the 2021-2022 academic year have changed from what I originally indicated when I completed my Free Application for Federal Student Aid (FAFSA).

Check the applicable box below:

I will be living in a FAU Residence Hall

I will be living Off Campus

I will be living with my parents.

The effective date of this change is: \_\_\_\_\_

**Required Documentation:**

- Copy of apartment lease, mortgage statement or a letter from your landlord is required if you are moving from your parents' house to an apartment/condo/house of your own.

By signing below, I certify that the information reported above is complete and correct:

Student Signature: \_\_\_\_\_

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

**FINANCIAL AID SECTION**

Budget Adjustment Completed: \_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Documentation Required

Additional Comments: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_

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