

## 2022-2023 Extraordinary Housing and Utilities Form

To be completed by the stude	ent:		
Name:	Student ID Number:		
Email:	Phone:		
Please indicate your progran	n: Pharmacy	_ Physician Assistant	MBA
Are you married? YES NO (if yes please provide the following information):			
Spouse Employed:YESNO Spouse a Student:YESNO  If not married how many roommates do you have?  Additional required information: Please report the amounts of each monthly expense below. Include only the base monthly cost(s) DO NOT include late fees, connection costs and/or deposits. Each cost listed below must be clearly documented (you must attach an updated an complete copy of your lease agreement or mortgage statement and your most recent itemized utility bills (eg. gas, electric, cable, phone, water/sewer, garbage and internet. Only documented housing and utility costs will be considered. The US Dept. of Education guidelines stipulate that housing/utility cost considerations must be "modest but adequate" Therefore, considerations for cable/satellite are limited to \$50 and phone/internet service costs to \$60 regardless of documented costs. Costs other than those listed below will not be considered.			
ITEM	BASE MONTHLY AMT	ITEM	BASE MONTHLY AMT
Rent/Mortgage	DIOL PIONTILLI IN II	Phone (\$60 max)	DIOL PIONTILLI IN II
Natural Gas		Water/Sewer	
Electric		Sanitation/Garbage	
Cable/Satellite (\$50 max)		Internet (\$60 max)	
Are your utilities included in I certify that that information knowledge. I also understand understand that all housing a components.	your rent costs? YES a and documentation provi I that any undocumented e	NO  ided are complete and expenses will not be con	true to the best of my nsidered. I further
Student Signature:	Date:		

## **Destination.** INNOVATION.