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5200 N. Lake Road Merced, CA 95343 Phone: 209-228-7178

financialaid.ucmerced.edu/contact_us

2024-2025 Adjustment to Housing Status

Student UCM ID						
Student Full Name First Name		Last Name		M.I	M.I.	
Section A: Housing Status My housing plans for the 2024-20 financial aid application.	25 academic year have change	d from what l ori	ginally indicated	when I completed the		
O I will live at home with my pare	ents/relatives.					
O I will be living off campus. If yo rental or lease agreement.	ou will be going from living with	parent/relative	to off campus, p	lease provide a copy oj	f a	
My address is:Address		City	State	_ Zip Code		
If you will be living on campus, our office that you have completed a ho		•	wards once Hous	ing notifies our		
Section B: Student Certific I hereby declare that all informati knowledge. I understand that any or repayment of financial aid and	on reported on this document ralse statement or misreprese	ntation will be ca		•	nd/	
Student Signature	Date					