



CALIFORNIA STATE UNIVERSITY
FULLERTON

Return to: Office of Financial Aid
P.O. Box 6804 GH-146 Fullerton,
CA 92834-6804

Enter Student's
CWID Here:

HOUSING UPDATE FORM (2024-2025)

PRINT CLEARLY AND USE BLACK INK

INSTRUCTIONS: You did not indicate your 2024-2025 housing plans on your Free Application for Federal Student Aid (FAFSA), **OR** you listed a housing value which we need to confirm before we can determine your aid eligibility. Please check the appropriate box that describes your living situation during the school year, attach requested documentation, sign the certification at the bottom of the form, and return the form to the Office of Financial Aid. Please note that your housing status usually does **not** affect the amount of grant aid (free money) you can receive. *Incomplete documents will not be returned. They will be disposed of in a secure manner, per university policy. This will delay processing.*

Is this the first Housing Plan Update form you are completing for 24/25? Y__ N__

- Live at home with parent(s).
Note: If you live at home, even if you pay rent, check this box.
- Live on-campus in a CSUF residence hall.
Note: Once the Office of Housing and Residential Life confirms your on-campus housing, your budget will automatically be revised by the Office of Financial Aid.
- Live off-campus, by myself or with others, in an apartment or other rental property or house. **Please provide a copy of a rental or lease agreement.**

My address is _____ City _____ State _____ Zip code _____

Date you move into this residence _____ (Month/Date/Year) _____

- Live off- campus, but cannot provide a copy of the rental agreement. **(To be completed by the landlord if a copy of rental agreement/lease cannot be provided)**

Landlord's Name _____ Rent charged monthly: \$ _____

Landlord's Address _____

Landlord's Phone (____) _____

I certify that the above named individual is residing at the above indicated residence and pays the above indicated monthly rent.

Landlord's Signature _____ Date _____ Business Stamp _____

Staff Initials: _____

CERTIFICATION:

By signing this form, I (we) certify that all of the information reported on this form and any attachments hereto is true, complete and accurate. I (we) agree to provide additional proof of the information I (we) have reported, if requested to do so. I (we) also certify that I (we) have read the terms and conditions section of the CSU Fullerton, Financial Aid website <http://www.fullerton.edu/financialaid/info/Terms.php> Signatures are required.

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Print Student's Name: _____ CWID _____

***Warning:** If you give false or misleading information on documents submitted to the Office of Financial Aid, you may be fined, be sentenced to jail or both.

FINANCIAL AID DECISION - OFFICE USE ONLY

[] Approved [] Denied [] Comment [] Scan & Mail [] Scan Only

Staff Member's Initials: _____ Date: _____