Florida Atlantic University  
Office of Student Financial Aid  
Housing Status Revision Request Budget Change  
2017-2018 Academic Year  
FORM: REVBUD

<table>
<thead>
<tr>
<th>Boca Campus</th>
<th>Davie Campus</th>
<th>Jupiter Campus</th>
</tr>
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<tbody>
<tr>
<td>777 Glades Road</td>
<td>3200 College Avenue</td>
<td>Office of Financial Aid - SR 134</td>
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<tr>
<td>Building SU 80, Room 233</td>
<td>Building LA 122</td>
<td>5353 Parkside Drive</td>
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<tr>
<td>Boca Raton, FL 33431-0991</td>
<td>Davie, FL 33314</td>
<td>Jupiter, FL 33458</td>
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<tr>
<td>Tel: (561) 297-3530</td>
<td>Tel: (954) 236-1229</td>
<td>Tel: (561) 799-8697</td>
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<tr>
<td>Website:  <a href="http://www.fau.edu/finaid">www.fau.edu/finaid</a></td>
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**Name:**  
**Address:**

**IMPORTANT:** This form must be completed (including any attachments) and submitted to Financial Aid immediately, but no later than:

- August 20, 2016 for Fall 2017
- January 07, 2017 for Spring 2018
- May 13, 2017 for Summer 2018

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

My housing plans for the 2017-2018 academic year have changed from what I originally indicated when I completed the Free Application for Federal Student Aid (FAFSA).

☑ I will **NOT** be living with my parents and instead (check the applicable box below):
  ☐ I will be living in a FAU Residence Hall
  ☐ I will be living Off Campus

☐ I will **will** be living with my parents.

This change is effective (check one) ☐ Fall 2017 ☐ Spring 2018 ☐ Summer 2018

**Required Documentation:**
- Copy of FAU Housing Assignment or Letter from Housing is required if your plan is to live in the residence hall or campus apartments.
- Copy of apartment lease, mortgage statement or a letter from your landlord is required if you plan to live Off Campus.

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

______________________________  
Student Signature

______________________________  
Date

**FINANCIAL AID USE ONLY**

Budget Adjustment Completed: ☐ Approved ☐ Denied ☐ Documentation Required

______________________________  
Counselor Signature

______________________________  
Date

Revised: 11/29/16