

Return form to:
West Texas A&M University
The Office of Residential Living
WTAMU Box 60878
Canyon, TX 79016
Phone: (806) 651-3000/Fax: (806) 651-3010

<u>For Office Use Only</u>		
Approved _____	Not Approved _____	
Date _____	Initials _____	Code _____

RESIDENTIAL LIVING FINANCIAL HARDSHIP FORM

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected from this form.

All students with fewer than 60 semester hours accumulated, under the age of 21 years old as of the first day of class of each semester, and are enrolled in nine (9) or more semester hours are required to live in University Residence Halls. In addition, all students under the age of 21, residing in on-campus housing are required to purchase a University meal plan until the student has accumulated 45 semester hours.

Exceptions to this requirement will be made for students who present evidence of extreme financial hardship caused by the University Housing Requirement and/or the University Meal Plan Requirement which would prevent their continued enrollment at the University. **Those students that are exempted from the Meal Plan Requirement will be assigned an alternative meal plan.** In order to be considered for this exemption, the student must complete and submit this form to the Office of Residential Living no later than the 20th class day. After the 20th class day, no exemptions will be approved.

(Please Print or Type) Semester(s) / Year(s) that I am applying for: Fall 20__ / Spring 20__

Request: **Alternative Meal Plan:** ____ Change meals from ____ to ____ **Off Campus:** ____

Student's Name: _____ Buff ID: _____

Student's School Address: _____ Apt.: _____ City: _____ State: ____ Zip: _____

Student's Permanent Address: _____ Apt. _____ City _____ State ____ Zip _____

School Phone: () _____ Permanent Phone: () _____

In Household: ____ # In College: ____ WTEmail Address: _____

*You are encouraged to attach a detailed letter explaining the reasons you feel you should be exempt, along with any additional information important to this situation. You may be asked to provide additional information after the initial evaluation of your request.

Did you apply for a Pell Grant, Loan or Work Study at West Texas A&M University? YES ____ **NO ____

****If you checked no, and your parents claimed you as a dependent on their latest income tax return, you must present a signed copy of it. You also must present a signed copy of your most recent tax return, if one was filed. This request will not be considered if proper documentation is not submitted.**

I understand that this is a sworn statement to the State of Texas and affirm that all the information herein and attached is correct and factual to the best of my ability. I also understand that if this exemption request is not granted or is revoked, **I will be responsible for charges to my University account for a room and/or meals.** Any form of misrepresentation on this form may constitute "Falsification of Records" which is a violation of University rules and is punishable through the University's judicial system.

Student Signature

Date

This form is applicable for one (1) Academic Year Only. The student must re-apply prior to each fall semester if under the requirement.

NOTE: Complete this page only if you meet all of the below criteria:

- **Your parent(s) did not claim you on their most recent tax return**
- **You have not lived with your parent(s) at anytime during the past 12 months**
- **You have not received financial assistance from your parent(s) at anytime during the past 12 months**

STUDENT'S AFFIDAVIT

I do hereby swear or affirm that I have not lived with or received any assistance, including money, from my parents for the last 12 months. I also claimed myself on my latest income tax return and did not allow anyone else to claim me on their latest income tax return.

Date

Student's Signature

Subscribed and sworn before me at _____ on this

City and State

day of _____ 20 ____.

NOTARY SEAL

Signature of Notary Public

Date Commission Expires

PARENT'S AFFIDAVIT

I hereby certify that the above named student does not and has not lived in my home in the last 12 months and that I do not provide any form of financial support to this student. Furthermore, the above named student was not claimed as a dependent on my last income tax return. I understand that this is a sworn statement to the State of Texas and affirm that all of the information is correct and factual to the best of my ability.

Date

Parent's Signature

Subscribed and sworn before me at _____ on this

City and State

day of _____ 20 ____.

NOTARY SEAL

Signature of Notary Public

Date Commission Expires