

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

<b><u>For Office Use Only</u></b>		
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 20<sup>th</sup> class day. After the 20<sup>th</sup> class day, no exemptions will be approved.

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**Before this request is reviewed a Free Application for Federal Student Aid (FAFSA) must be completed and submitted to WT. Without a completed FAFSA this request will not be reviewed.**  
The FAFSA can be completed on line at: [www.fafsa.ed.gov](http://www.fafsa.ed.gov)

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**(Please Print or Type)**      Semester(s) / Year(s) that I am applying for:      Fall 20\_\_\_\_ / Spring 20\_\_\_\_  
Request (check one): Alternative Meal Plan: \_\_\_\_ Or Off Campus: \_\_\_\_

Student's Name: \_\_\_\_\_ Buff ID (required): \_\_\_\_\_

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

School/Cell Phone: (    ) \_\_\_\_\_ Permanent Phone: (    ) \_\_\_\_\_

# In Household: \_\_\_\_ # In College: \_\_\_\_

Response to requests will be made to **WT student email 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.

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.

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**Student Signature**

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**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.**