



Housing Contract Exemption & Appeal Supplemental Financial Need Verification Form

Name: _____ Student ID # _____
(First) (Middle) (Last)

To the Release Applicant:

As noted in the Housing Contract Exemption & Appeal Process, releases based on financial need are granted **only when**:

1. You have verified need for financial aid as indicated by Financial Aid Office Records **and are not funded** by Federal Aid and/or Stafford Loan Aid to a level consistent with your need; **OR**
2. Financial circumstances are created by situations over which you have no control (i.e., death of a parent; parent divorce; etc.)

Please complete the following section; attach additional information as necessary:

If you are experiencing extenuating financial circumstances, please describe your situation:

Do you expect to be employed during the school year? ___ Yes ___ No

If yes, how many hours do you typically plan to work per week? _____

If no, please explain your reason(s) for not working during the school year:

I hereby certify that the information given on this form is correct. I understand any false information provided is a basis for disciplinary action and/or cancellation of my registration.

Student Signature _____ Date _____

**Return completed form to:
Residence Life
Dakota State University
820 N Washington Ave
Madison, SD 57042**

OR

Email: residencelife@dsu.edu

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Semester(s) _____
(Fall/Spring/Both) (Year)

Budget minus Family Contribution _____

Federal Aid Less _____

Stafford Aid Less _____

Equals _____ Unmet _____ Excess Aid _____