

Dakota State University
Housing Contract Exemption & Appeal
Supplemental Financial Need Verification Form

Student Name: _____ Student ID#: _____

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

When 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**

When 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?
If yes, how many hours do you typically plan to work per week? _____
If no, please explain your reasons for not working during the school year.

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Semester(s) _____
(fall/spring/both) year

Budget minus Family Contribution: _____

Federal Aid Less _____

Stafford Aid Less _____

Equals _____ Unmet _____ Excess Aid _____