OXY FINANCIAL AID
RENT VERIFICATION
2011-2012

STUDENT'S NAME: _____

OXY ID: _____
(New Students Leave Blank)

Occidental College ~ Office of Financial Aid ~ 1600 Campus Road ~ Los Angeles, CA 90041
323.259.2548 ~ 323.341.4961 (fax) ~ finaid@oxy.edu ~ www.oxy.edu/finaid

DO NOT LEAVE ANY SECTION BLANK

Attach a copy of a Utility Bill (Gas, Electric, or Telephone) *IN YOUR OWN NAME*, AND Rent Receipts (or copies of cancelled checks and a copy of your Rental Agreement).

I, _____maintain residence
NAME

at _____
ADDRESS CITY ZIP

I reside by myself and pay $ _____ per month for rent.
(AMOUNT)

OR

I share an apartment and pay, as my share, $ _____ per month for rent.
(AMOUNT)

CERTIFICATION

I certify that all information reported on this form and any attachments and subsequent information provided to the Occidental College Financial Aid Office is true, complete, and accurate to the best of my knowledge. I understand that false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Student Signature **Date**

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Please have your landlord or apartment manager sign below to verify the above information.

I , _____certify that all information reported on this form is true,
Print Manager's/Landlord's Name

complete, and accurate to the best of my knowledge. I agree to provide proof of the information that I have reported on this form.

Manager's Signature: _____

Manager's Address: _____

Manager's Phone Number: _____