



LICENSE AGREEMENT RELEASE REQUEST

2023-2024 Financial Hardship Questionnaire

ASU University Housing
P.O. Box 870212
Tempe, AZ 85287-0212

Requests to terminate Housing License Agreements based on financial reasons are generally not approved unless the resident is in a state of compelling need.

This is a situation where all possible resources (e.g., parents, legal guardians, student earnings, Federal, State, and University financial assistance including loans, etc.) have been utilized and the resident is still unable to meet contract costs and remain housed at Arizona State University Housing. **It is the responsibility of the student to obtain any and all required verifications or necessary documentation. The student is responsible for meeting with a Financial Aid Counselor to complete the latter portion of this page.** A License Agreement release will not be approved based solely on the availability of less expensive off-campus housing in the absence of compelling financial need.

In order to verify that you have exhausted your financial assistance options, please complete and submit this form along with your supporting documentation with your request for a License Agreement release.

Approved requests will accrue a proration of room and board, and \$500 cancellation fee if officially checked out by August 30th, 2023; if approved, student will not incur housing and dining charges for the Spring 2024 semester.

Approved requests that are submitted or check-outs completed after 11:59pm on August 30th, 2023 will not be prorated for the Fall 2023 semester.

Approved requests that are submitted or check-outs completed after 11:59pm on January 21st, 2024 will not be prorated for the Spring 2024 semester.

TO BE COMPLETED BY RESIDENT APPLYING FOR RELEASE

Name (Last, First, Middle)	ASU Affiliate ID #

Phone Number	ASU Email Address
()	@asu.edu

Student Home Mailing Address

Address		Apt
City	State	Zip

☐ Check here if parent's/legal guardian's home

☐ Check here if other off-campus housing

Arizona State University Financial Aid Offices

Hours: Monday 9am – 5pm, Tuesday – Friday 8am – 5pm

DPC: University Center Building, Suite 130

Tempe: Student Services Building, 2nd Floor

Poly: Administration Building

West: University Center Building, Room 120

TO BE COMPLETED BY FINANCIAL AID COUNSELOR

☐

Student has not filed a FAFSA to determine if financial aid is available.

*Note: If this box is checked, request for License Agreement Release will remain 'Under Review' until FAFSA is complete.

☐

Student qualifies for additional financial aid

☐


Student does not qualify for additional Financial Aid to cover room and board costs

Additional Notes:

Print Name

Signature

Date

	LICENSE AGREEMENT RELEASE REQUEST 2022-2023 Financial Hardship Questionnaire	ASU University Housing P.O. Box 870212 Tempe, AZ
Name (Last, First, Middle)	ASU Affiliate ID #	Request Date (month/day/year)
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TO BE COMPLETED BY RESIDENT APPLYING FOR RELEASE		
I am applying for release from the University Housing License Agreement for the following financial reason(s): (Please check/initial all that apply to your circumstance)		
	Parent/Legal Guardian job lost since signing the License Agreement	
Required Documentation: <ul style="list-style-type: none"> Letter from student detailing circumstances Letter from parent/legal guardian detailing why they cannot/will not support student Suggested Additional Documentation: <ul style="list-style-type: none"> Copy of termination letter from 		
	Parent/Legal Guardian reduction in salary since signing the License Agreement	
Required Documentation: <ul style="list-style-type: none"> Letter from student detailing circumstances Letter from parent/legal guardian detailing why they cannot/will not support student Suggested Additional Documentation: <ul style="list-style-type: none"> Copy of reduction letter from employer or copies of paychecks from before and after reduction If parent/legal guardian was self-employed, then need copies of income taxes, bank statements (black out acct numbers) and/or whatever other documentation may show reduction of income 		
	Student or family member had unexpected medical expenses since signing the License Agreement	
Required Documentation: <ul style="list-style-type: none"> Letter from student detailing circumstances Letter from parent/legal guardian detailing why they cannot/will not support student Suggested Additional Documentation: <ul style="list-style-type: none"> Copies of medical bills 		
	Parent divorce resulting in financial hardship for primary caregiver since signing the License Agreement	
Required Documentation: <ul style="list-style-type: none"> Letter from student detailing circumstances Letter from parent/legal guardian detailing why they cannot/will not support student Suggested Additional Documentation: <ul style="list-style-type: none"> Divorce 		
	Other financial reason/Extenuating circumstances since signing the License Agreement	
Required Documentation: <ul style="list-style-type: none"> Letter from student detailing circumstances Letter from parent/legal guardian detailing why they cannot/will not support student Suggested Additional Documentation: <ul style="list-style-type: none"> Breakdown of household budget showing limited financial resources Bank statements (multiple) with account numbers blacked out Home foreclosure paperwork Bankruptcy paperwork Copies of income taxes Whatever other documentation may show financial hardship incurred since signing License Agreement 		
<ul style="list-style-type: none"> A meeting with hall staff will be required before full consideration of your request. Completed LARs will be reviewed within 15 business days of submission. If your request is approved, your room may be prorated for the number of days you have stayed and you will be charged the \$500 LAR/cancellation fee. 		
Applicant Signature		