

FWD to:

Reviewed & sent to scan by:

2016-2017



Form 40 - FHOUSE

Financial Aid Office

5150 N. Maple Avenue, M/S JA 64
Fresno, CA 93740-8026

Phone: (559) 278-2182 Fax: (559) 278-4833
www.fresnostate.edu/studentaffairs/financialaid/

Housing Certification

STUDENT ID	STUDENT LAST NAME	STUDENT FIRST NAME	PHONE NUMBER (with area code)
PLEASE PRINT IN BLACK INK			

Please complete all fields below including the street address where you will be living while attending school.

I certify that during the Fall 2016 – Spring 2017 semesters I will be living (check one):

- With parents
- In campus dorms
- In other off-campus housing

ADDRESS WHILE ATTENDING SCHOOL

As of _____ my address is:
DATE

ADDRESS

CITY STATE ZIP CODE

CERTIFICATION & SIGNATURE(S)

By signing this form, I certify that all the information reported on it is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student Signature

Date

OFFICE USE ONLY

- VERIFICATION INCOMPLETE: Not Checked out Complete Checklist Comment Sent to: Scanning Counselor
- REVISED: FAFSA Budget Award Comment Complete Checklist Sent to Scanning
- REVISED FAFSA: ISIR selected for review Checked out Complete Checklist Sent to Scanning

Comments: _____ Date _____ By _____