



Please submit this worksheet, and all applicable documents to: GSON Financial Aid Office 4483 Duncan Ave. St. Louis MO 63110 Fax: 314-362-2132

2023-2024 Adjustment to Housing Status Form

If your housing plan for the 2023-2024 academic year has changed from what you originally indicated when completing the FAFSA application, you may use this form to report a change in your housing status. This change may result in an adjustment to your Cost of Attendance. Adjustments to your housing status will be considered up to two (2) weeks prior to the end of your final term. Please allow 5-7 business days for this request to be finalized.

Student Information

Last Name: _____ First Name: _____ ID #:A _____

Housing Status Information

Housing Status as listed on your 2023 - 2024 FAFSA Application: _____
Updated Housing Status for the 2023 - 2024 Academic Year: _____
Effective date of housing status change: _____

As a result of this change:
 I will live at home with my parents/relatives.
 I will be living off campus.

Note: If you will be living off campus proof of residency will be required. Proof of residency includes: mortgage note/statement, signed rental/leasing agreement, a letter from the landlord or leasing agent, rent receipts or a utility bill in the name of the student for the new address of record. All GSON records should be updated as well.

Student Certification

The information provided is accurate to my knowledge, and I understand an adjustment to my housing status does not guarantee an increase to my financial aid awards.

Student Signature

Date

Include your typed summary of your circumstance as outlined above. Handwritten summaries will not be accepted. Summaries may be emailed from your GSON email address. Student Financial Aid will finalize your appeal upon receipt of the Adjustment to Housing Status Form and the requested documentation. Please allow up to 7-10 business days to learn if any new or additional aid eligibility has been awarded. There is no guarantee of new/additional aid based on this request.

OFFICE USE ONLY

Prior Adjustment Request: Yes ___ No ___
Not Eligible for Adjustment
Request Approved
Request Denied
Student Canceled/Will not pursue

Comments: _____

Advisor: _____

Date: _____

Administrator: _____

Date: _____