

**Housing Budget Change**  
Aid Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's SFSC ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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**Instructions:**

Select the option that describes your change in housing. Sign and submit this form with required documentation to the Financial Aid Office.

1. My housing plans for the academic year are:

\_\_\_\_ I will be living in the SFSC Jacaranda and have completed my housing contract.

\_\_\_\_ I will be living off-campus and a copy of my lease or agreement is attached.

\_\_\_\_ I will be living with my parents.

2. This change is effective: (check one) \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer

My signature on this form certifies that the information reported above, which changes the student budget used in determining my eligibility for federal student aid, is complete and correct.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please submit all documents to:  
South Florida State College  
Financial Aid Office, Bldg. B-168  
600 W. College Drive, Avon Park, FL 33825***