



University Housing Services Installment Deferment Request

Last Name: _____ First Name: _____ Sac State ID: _____

Hall/ Room #: _____ A B C D E Phone #: _____

Please defer my following housing installments: (Mark Applicable Installment(s))

- AUGUST SEPTEMBER OCTOBER NOVEMBER
- JANUARY FEBRUARY MARCH APRIL
- SUMMER SESSION #1 SUMMER SESSION #2

Please read and acknowledge the following statements:

- I understand that this deferment will be based on Financial Aid funds that I have accepted but have not yet been disbursed to my University account.
- I understand that I am responsible for insuring that all Financial Aid documentation, loan counseling, etc. must be completed as soon as possible for funds to be disbursed in timely fashion.
- I understand that I am responsible for amount due on my account even if my financial aid award changes or does not disburse.
- I understand that I am responsible for any applicable late fees and or holds unless alternate payment plan agreement is submitted and approved prior to due date.
- I understand that if my request is denied, payment is due according to published payment schedule.

Student Signature: _____ Date: _____

(For Office Use Only) **Award Verification** List awards for this term.

| <u>Award Type</u> | <u>Semester \$ Total</u> | <u>Semester \$ Already Paid</u> | <u>Semester \$ Still to Disburse</u> | <u>Checklist Complete?</u> |
|-------------------|--------------------------|---------------------------------|--------------------------------------|----------------------------|
| <u>1</u> _____ | <u>1</u> _____ | <u>1</u> _____ | <u>1</u> _____ | <u>1</u> _____ |
| <u>2</u> _____ | <u>2</u> _____ | <u>2</u> _____ | <u>2</u> _____ | <u>2</u> _____ |
| <u>3</u> _____ | <u>3</u> _____ | <u>3</u> _____ | <u>3</u> _____ | <u>3</u> _____ |
| <u>4</u> _____ | <u>4</u> _____ | <u>4</u> _____ | <u>4</u> _____ | <u>4</u> _____ |
| <u>5</u> _____ | <u>5</u> _____ | <u>5</u> _____ | <u>5</u> _____ | <u>5</u> _____ |

Term Balance Due: _____ Available FA For Housing Debt _____ Total Still To Disburse: _____

Due for this Request: _____ Less Tuition/Fees Due: _____

Determination: Approved _____ Denied: _____ Staff Initials _____ Date _____

Notes: _____