



SACRAMENTO STATE

# University Housing Services

## PAYMENT PLAN AGREEMENT REQUEST

NAME: \_\_\_\_\_ SAC STATE ID#: \_\_\_\_\_

HALL: \_\_\_\_\_ ROOM #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

I am requesting a payment plan arrangement for the following installment (s):

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

**Reason:** Complete explanation statement at end of this document and attach all supporting verification as necessary.

**Acknowledgements:** Please read and initial each acknowledgement.

- I am responsible for making installment payments according to this agreement if approved and any applicable late fees.
- I am aware that University registration and transcript holds, will be on my account until account is paid up-to-date.
- If request is denied, I am aware that I am responsible to make payment according to the published payment schedule unless otherwise specified.

<b>Balance Due:\$</b> _____	<i>(Payment Source: i.e. Loan, Job, etc.)</i>	
Payment Date: _____	Amount: _____	Payment Source _____
Payment Date: _____	Amount: _____	Payment Source _____
Payment Date: _____	Amount: _____	Payment Source _____
Payment Date: _____	Amount: _____	Payment Source _____
Payment Date: _____	Amount: _____	Payment Source _____
Payment Date: _____	Amount: _____	Payment Source _____

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only:**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Pending \_\_\_\_\_ Staff Initials \_\_\_\_\_

Notes:

