



FINANCIAL AID OFFICE

50 PHELAN AVENUE • SAN FRANCISCO, CA 94112 ☎ (415) 239-3577 • Fax (415) 239-3917
<http://www.ccsf.edu/en/student-services/financial-aid.htmlccsf.edu/>

OFFICE USE ONLY

Request For Budget Change

Last Name	First Name	SSN/Student ID #

I request a change in my current Financial Aid Budget due to the fact that I no longer reside with my parents.

- Date of Residence Change: _____

Student's Current Address:

Address:		Phone:
City:	State:	Zip:

Proof of Separate Residence

Please provide **One** of the following for you **and** your parent:

- Current Utility Bill (i.e. water, power, gas)
- Current Lease Agreement
- Current Car Registration
- Current Voters Registration Card

Please use the information of the parent/s whose information was provided on the 2015-2016 FAFSA.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Name of Parent 1

Name of Parent 2

Address

Address

City, State & Zip

Telephone

City, State & Zip

Telephone

By signing this worksheet, I certify under Penalty of Perjury that all information reported on this worksheet is true and correct.

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

Student's Signature Date

Parent's Signature Date