

RENT ADJUSTMENT REQUEST

Date: _____

NAME: _____

CUID or UNI: _____

Circle one: P&S CDM PG

Graduation Year: 20_____

Address: _____

Telephone #: _____

Total Monthly Rent: _____

Number of Roommates: _____

Your Share of Rent: _____

Please attach one of the following:

- Copy of lease
- Notarized letter from leaseholder stating your portion of rent
- Cancelled check that was payable to the landlord.