

Qualifying Event Housing FOR GRADUATE EMPLOYEES

The Graduate Student Assistance Fund Housing award up to \$700 requires the following documentation:

| Information Verified | Documentation Accepted | Alternative Documentation Accepted |
|---|---|---|
| Residency | Lease or rental agreement with end date | Certification for Housing form by the housing provider, lease holder, leasing agency, or equivalent |
| Notice to vacate residence within 30 days | Copy of written notification to vacate residence within 30 days (e.g., letter, email, or electronic notification) | Certification for Housing form by the housing provider, lease holder, leasing agency, or equivalent |



This form is used to verify a Graduate Employee's request for a financial award related to the loss of housing residence more than 60 days prior to the end of a lease agreement -and- requires the resident to vacate the premise within 30 days.

To be completed by housing provider, lease agency representative, or equivalent:

| Resident's First and Last Name | | | |
|---|-----------------|----|--|
| Address of Residence Leased | | | |
| | | | |
| Lease Agency Name | | | |
| Representative of Agency First and Last Name | | | |
| Representative Title | | | |
| Email | | | |
| Address of Lease Holder | | | |
| | | | |
| Phone Number | | | |
| Date Lease Ends or Expires | | | |
| Date 30-Day Notice to Vacate was Issued | | | |
| I certify that the resident was: | Yes | No | |
| served a 30-day notice to vacate AND there is more than 60 days remaining on the lease agreement AND the removal of the resident is not related to a violation of the lease agreement AND the resident has not voluntarily terminated the lease agreement. | Optional notes: | | |
| Signature of Representative | | | |
| Date Signed | | | |