

Date Received (Office Use Only) \_\_\_\_\_

## HOUSING PAYMENT PLAN REQUEST FORM

Please complete and submit this form to request a Payment Plan. This form must be submitted **with documentation** that demonstrates financial need for this request. (i.e. student loan documents, band funding, scholarship money, government or home institution). Please submit this form with supporting documents, to the Housing Office.

Your information will be reviewed and you will be notified if you are eligible for a Payment Plan.

### Resident Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Student Number \_\_\_\_\_

Room # \_\_\_\_\_ *Please include building and bedroom number*

E-mail address \_\_\_\_\_ Phone number \_\_\_\_\_

### Reason for Payment Plan

Please provide a detailed reason for requiring a payment plan. **Please note:** In order for this request to be processed, you must provide supporting documentation for review

- Funding has been delayed** – please provide documentation indicating a delay in receipt of your funding.
- Receiving monthly disbursements** – Attach a copy of the documentation outlining your disbursement schedule. (Documentation may be accepted for: student loans, band funding, home institution or government funding, others with management approval)
- Other:** Please provide a detailed explanation below

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Submission of this form does not guarantee approval of this request. You will be notified of the decision via email. Applicants may be required to meet with a manager for further review in some instances before approval.

Please complete the other side of this form with your requested payment plan details.

## Payment Plan Agreement

This Payment Plan is being requested for (check all semesters that apply)

- Fall Semester: \_\_\_\_\_(year)  
 Winter Semester: \_\_\_\_\_(year)

Please fill the details of your request below. Note that each installment payment will be **due on the FIRST business day of each month.**

Housing Fees / semester: \_\_\_\_\_

I am requesting:

- Delayed Payment – to be paid in full no later than \_\_\_\_\_ (Day/Month)

**OR**

### Fall Semester

- 2 equal installments of \$ \_\_\_\_\_

1<sup>st</sup> installment due on or before: September 5, 2018  
 2<sup>nd</sup> installment due on or before: October 1, 2018

- 3 equal installments of \$ \_\_\_\_\_

1<sup>st</sup> installment due on or before: September 5, 2018  
 2<sup>nd</sup> installment due on or before: October 1, 2018  
 3<sup>rd</sup> installment due on or before: November 1, 2018

- 4 equal installments of \$ \_\_\_\_\_

1<sup>st</sup> installment due on or before: September 5, 2018  
 2<sup>nd</sup> installment due on or before: October 1, 2018  
 3<sup>rd</sup> installment due on or before: November 1, 2018  
 4<sup>th</sup> installment due on or before: December 3, 2018

### Winter Semester

- 2 equal installments of \$ \_\_\_\_\_

1<sup>st</sup> installment due on or before: January 7, 2019  
 2<sup>nd</sup> installment due on or before: February 1, 2019

- 3 equal installments of \$ \_\_\_\_\_

1<sup>st</sup> installment due on or before: January 7, 2019  
 2<sup>nd</sup> installment due on or before: February 1, 2019  
 3<sup>rd</sup> installment due on or before: March 1, 2019

- 4 equal installments of \$ \_\_\_\_\_

1<sup>st</sup> installment due on or before: January 7, 2019  
 2<sup>nd</sup> installment due on or before: February 1, 2019  
 3<sup>rd</sup> installment due on or before: March 1, 2019  
 4<sup>th</sup> installment due on or before: April 1, 2019

**I understand and agree** to the following and will pay all outstanding fees to the University of Regina by the dates specified. Should my circumstances change, I agree to contact Housing Services immediately and prior to the expected payment date.

#### I ALSO UNDERSTAND THE FOLLOWING:

- I understand the payment details and schedule as outlined above.
- Withdrawal from the University or moving out of Housing does not release me from this payment plan obligation, or from any financial penalties and charges.
- Failure to follow the above plan will result in the plan being cancelled, with remaining funds due in full upon cancellation.

***I have read and fully understand the above. (please sign below)***

PRINT NAME

SIGNATURE

DATE

