First Name	Last Name	PID	
Community	Apartment Numbe	er Bedroom	
E-mail	Phone		
I, hereby acknowledge the indebt Housing rent.	edness to the Regents of	the University of California for UC Sar	n Diego Graduate & Family
Amount Due:		Month Due:	
I agree to make a payment of \$:	On or before:	I agree to make a payment of \$:	On or before:
I agree to make a payment of \$:	On or before:	I agree to make a payment of \$:	On or before:
I understand that: *this deferment covers one mo	onth's rent and requests fo	or additional deferments must be subm	nitted separately;
*I must pay the rent for one me the liquidated damage charge can this request prior to the sixth day	n be waived a maximum o	ne 5th of the next month; of 3 times each calendar year and will b	be waived only if I submit
*any financial aid credits to m Diego, Student Business fiscal po		lly apply to existing housing charges in	accordance with UC San
		void this agreement and permit the unit be placed on my UCSD student record	
*I must make my check payab 9500 Gilman Drive, MC 0009, La		syments should be sent to UC San Die	go, Central Cashier's office,
Please note, this form must be	physically signed. Plea	se sign and either scan or return to	your housing office.
Resident's Signature:		Date:	
Housing Staff Signature:		Date:	