



Student Affairs Staff Use Only	
Date Received:	
Approved:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Staff Signature:	

Housing Verification Form

Residency Requirements:

Thomas More University requires all students that have earned fewer than 60 credit hours and/or are under the age of 21 to live on campus and participate in a meal plan program.

Exemptions:

To qualify for a housing exemption you must meet certain criteria. Please check the boxes that apply to you.

- Student residing with parents/legal guardians in their primary residence*
 - Parents'/legal guardians' primary residence MUST be in one of the following counties:
 - Kentucky: Boone, Campbell, Kenton
 - Ohio: Hamilton, Clermont
- 21 years of age or older
- Married
- A parent with custodial responsibilities
- Part-time student (taking fewer than 9 credit hours a semester)
- Extenuating health and medical circumstances (please explain on page 2)

***If you are planning to live with your parents, you must attach one of the following to this form:**

- a. A current utility bill (water, electric or gas)
- b. A current tax statement
- c. Most recent copy of parent's tax return (Social Security Number and income may be blacked out) that corresponds to the parent's and student's residence to verify dependency.

***NOTE: Incomplete forms will not be accepted and could result in room and board fees.**

Name: _____
Last First Middle

Student ID# _____ Date of Birth: _____

Check one: Current Student _____ Incoming Student _____

Please indicate the term(s) you will be living off campus: _____ Fall _____ Spring

Why are you requesting to live off campus? (Please note you we may ask you to provide documentation to support your request.)

Commuting distance to campus: _____ miles

Permanent Address: _____
Street City State Zip

Person(s) with whom you are living: _____
Name Relationship

Name Relationship

By signing this form, I certify that all information is accurate, and I give permission for the release of any information requested by Thomas More University relating to my request to live off campus to include personal medical records when appropriate. If the Office of Student Affairs finds that I have misrepresented any information, I understand that I will be subject to applicable fees and University disciplinary procedures.

Student Signature: _____ Date: _____

REQUIRED REGARDLESS OF AGE OF STUDENT:

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Printed Name: _____

In the event your address or status changes, you are required to complete a new Housing Verification Form. Submit this form with any current documents necessary for verification.