



Financial Aid Office
Finger Lakes Community College
 3325 Marvin Sands Drive
 Canandaigua, NY 14424-8395
 P: 585.785.1276
 F: 585.394.0635

Landlord Request Letter

To be completed by the student:

Campus Gate
 Housing Provider
Manager@campusgatefl.com
 F: 585.282.0172

 Student Name

 Student ID Number
 ___ **Fall 2021-Spring 2022** ___
 Academic Year

 Amount Owed to Housing Provider

All amounts and dates are subject to change based on student enrollment information and financial aid eligibility. The Financial Aid Office makes no guarantees regarding amounts contained herein. All debts incurred are those of the student. Excess financial aid funds are disbursed directly to the students. It is the student's responsibility to pay the housing provider. The College does not pay off campus housing on the student's behalf.

I, _____ grant FLCC's Financial Aid Office permission to release the above academic year's financial aid information to *Gloria* at *Campus Gate* in order to receive a payment deferment for student housing.

 Student' Signature (required) _____
 Date

To be completed by the Financial Aid Office:

Term _____

Actual Financial Aid to be Disbursed: \$ _____

Estimated Financial Aid: \$ _____

Balance Owed to College \$ _____

Expected Student Refund
 Of Excess Financial Aid: \$ _____

Expected Refund Date of
 Actual Aid \$ _____

Comments: _____

 Employee's Signature

 Employee Title _____
 Date