

2019-2020 Residence Halls Payment Plan Worksheet

Please complete in black or blue ink.

Name: _____ CR ID#: _____
Please Print (Last, First, MI) REQUIRED

Birthdate: _____ Phone#: _____

In order to determine the amount you owe for housing **and** tuition/ fees you must answer the questions and complete the budget worksheet below. This worksheet is intended to provide you with information to allow you to make an informed decision about the cost of attending College of the Redwoods and living in the Residence Halls.

For which term or terms will you be living on campus as a student in the Residence Halls?

- Full Year Resident (Aug-May)- Fill out pages 1,2, 4, 5. One Term (Fall)- Fill out pages 1,3,4,5. One Term (Spring)- Fill out pages 1,3,4,5.
 Summer (May-Aug)

I completed my FAFSA (Free Application for Federal Student Aid) and submitted all additional required documents sent to me via my CR Student Redwoods.edu email account: YES or NO

Are you registered for classes? **Fall 2019** Yes or No **Spring 2020** Yes or No **Summer 2019** Yes or No
 If NO, why not? _____

We have provided *estimated/fixed costs*. You need to determine whether you plan to be a **Full Year Resident** or **One Term Resident** and **your residency status as determined by CR**. All fixed costs are in bold. You will only pay **one** tuition amount based on your residency (CA, OR Exchange, Out of State). **If you take more units, your cost will increase.** Please see the 2019-2020 Tuition Per Semester Scale below. The Housing/Food Service costs are **fixed**; choose Full Year **or** One Term. All other costs are the estimated average costs of attending school, as determined by CR. These numbers are in *italic* on the following page. Please refer to the Cost of Attendance and payment plan (see page 2) for these estimates.

College of the Redwoods 2019-2020 Tuition Per Semester Scale			
I- A minimum of 12 units must be taken per semester			
Units	California Resident (\$46/unit)	Oregon Exchange \$119/unit (\$73 unit OR Exchange + 46/unit Res Rate)	Out of State \$312/unit (\$266/unit Non Res + \$46/Unit Res Rate)
12	\$552	\$1,428	\$3,744
II- For a Full Year you need a minimum of 24 units			
24	\$1,104	\$2,856	\$7,488

*****Reminder***** - Add additional per unit cost for anything above 24 units (Full Year)/ anything above 12 units (One Semester). Student semester fees (\$20 health fee, \$ 10 student fee, \$10 technology fee) are not included in the table above. The \$40 of the combined three fees are listed on page 2 together as "Student Fees" (\$80 for the Full Year).

Full Year Contract(complete one column based on residency)

Box	Expenses	California Resident	Oregon Exchange Program	Out of State/ International
	Tuition @ 24 units/ year (12 units/ semester)	\$1,104 (\$46 per unit)	\$2,856 (\$119 per unit)	\$7,488 (\$312 per unit)
	Housing/ Meal Card	\$8,389	\$8,389	\$8,389
	Student Fees	\$80	\$80	\$80
1	Total @ 24 units/ year (12 units/ semester) This amount will rise per unit fee for each additional unit above 12 units in 1 semester.	=\$9,573	=\$11,325	=\$15,957
	<i>Estimates For:</i>	California Resident	Oregon Exchange Program	Out of State/ International
	<i>Books/ Supplies</i>	\$1,971	\$1,971	\$1,971
	<i>Transportation</i>	\$973	\$973	\$973
	<i>Miscellaneous</i>	\$2,394	\$2,394	\$2,394
2	Total estimate cost	=\$	=\$	=\$

Box	Resources	California Resident	Oregon Exchange Program	Out of State/ International
	Money from savings	\$	\$	\$
	Money from family (college funds, savings, etc. that will be used towards your education)	\$	\$	\$
	Scholarships (confirmation required)	\$	\$	\$
	Financial Aid Resources	California Resident	Oregon Exchange Program	Out of State/ International
	California College Promise Grant (CA Residents Only)	\$	Do Not Qualify	Do Not Qualify
	Cal Grants (Qualifying CA Residents Only)	\$	Do Not Qualify	Do Not Qualify
	Pell Grant	\$	\$	\$
	Student Loans	\$	\$	\$
	Parent PLUS Loan	\$	\$	\$
3	Total Resources	\$	\$	\$

Do you have costs which exceed your resources?

Total costs, **Box 1** \$ _____ – Total resources, **Box 3** \$ _____ = need \$ _____ For tuition, housing and student fees.

While the estimates are not added to your student account, you need to be aware that there are costs outside tuition, housing and student fees.

Total estimated costs, **Box 2** \$ _____ – Total resources, **Box 3** \$ _____ = need \$ _____

If you indicate Student/Parent Plus Loans, please complete the Loan Application that is included and return with Housing Application. (Optional)

Fall 2019 or Spring 2020 one Semester Contract(complete one column based on residency)

Box	Expenses	California Resident	Oregon Exchange Program	Out of State/ International
	Tuition @ 12 units/ semester	\$552 (\$46 per unit)	\$1,428 (\$119 per unit)	\$3,744 (\$312 per unit)
	Housing/ Meal Card	\$4,520	\$4,520	\$4,520
	Student Fees	\$40	\$40	\$40
1	Total @ 12 units/ semester. This amount will rise per unit fee for each additional unit above 12 units.	=\$5,112	=\$5,988	\$8,304
	<i>Estimates For:</i>	California Resident	Oregon Exchange Program	Out of State/ International
	<i>Books/ Supplies</i>	<i>\$985</i>	<i>\$985</i>	<i>\$985</i>
	<i>Transportation</i>	<i>\$486</i>	<i>\$486</i>	<i>\$486</i>
	<i>Miscellaneous</i>	<i>\$1,197</i>	<i>\$1,197</i>	<i>\$1,197</i>
2	Total estimate cost	=\$	=\$	=\$

*Note that your Financial Aid Award Letter will show a FULL YEAR AWARD amount. Please divide your Financial Aid Award Letter amount by 2 for a one semester Housing Contract.

Box	Resources	California Resident	Oregon Exchange Program	Out of State/ International
	Money from savings	\$	\$	\$
	Money from family (college funds, savings, etc. that will be used towards your education)	\$	\$	\$
	Scholarships (confirmation required)	\$	\$	\$
	Financial Aid Resources	California Resident	Oregon Exchange Program	Out of State/ International
	California College Promise Grant (CA Residents Only)	\$	Do Not Qualify	Do Not Qualify
	Cal Grants (Qualifying CA Residents Only)	\$	Do Not Qualify	Do Not Qualify
	*Pell Grant	\$	\$	\$
	Student Loans	\$	\$	\$
	Parent PLUS Loan	\$	\$	\$
3	Total Resources	\$	\$	\$

Do you have costs which exceed your resources?

Total costs, Box 1 \$ _____ – Total resources, Box 3 \$ _____ = need \$ _____ For tuition, housing and student fees.

While the estimates are not added to your student account, you need to be aware that there are costs outside tuition, housing and student fees.

Total estimated costs, Box 2 \$ _____ – Total resources, Box 3 \$ _____ = need \$ _____

If you indicate Student/Parent Plus Loans, please complete the Loan Application that is included and return with Housing Application. (Optional)

For your Housing Application to be considered, the first payment of \$500 is required. FINANCIAL AID FUNDS ARE NOT AVAILABLE FOR THIS PAYMENT.

By completing this section you are certifying that you understand your responsibilities and obligations of payment as a student in the residence halls. You are responsible for meeting all applicable deadlines, reading and understanding all License Agreement Payment information and Residence Hall policy and procedures. Late or incomplete Residence Hall Payment Plan Worksheet will not be processed, may delay the review of your application or be returned to you. **If all statements are not initialed, your Housing Application may not be processed. If you do not understand or have questions about any of the statements, you may make an appointment to meet with the Financial Literacy Specialist or the Director of Residence Halls.**

Resident Initial each statement:

____ I understand that Financial Aid funds are not available and that I am responsible for first payment of \$500.00 and amount due a week prior to arrival (Fall- August 16,2019, Spring-January 13,2020). I understand the \$500.00 first payment must be submitted before I can be accepted into the Residence Halls.

____ I understand that failure to meet all payment plan (*See License Agreement pages 2-3*) obligations within 5 days after the payment is due will result in an inactivation of my meal card and a possible 3 day Removal letter being issued.

____ I understand the License Agreement Payment Schedule contains all required charges for late payments or \$10 for every day late.

____ I understand each License Agreement Payment is due no later than 7 days after the payment due date.

____ I understand payments received after the 7th day of each month may result in a minimum \$10 for each additional calendar day the payment is late.

____ I understand that College of the Redwoods Business Office will deduct amounts owed to the District from all sources that I might receive through the District or funds that have been paid to the District on my behalf, including but not limited to Financial Aid

____ I understand that if I receive financial aid and have debt to the college, then costs of tuition/fees will be paid first with any financial aid I may receive.

____ I understand that Title 5 Section 59410 authorizes a "hold" be placed on my account. I will be unable to obtain my transcripts, grades or diploma and I will be unable to register for future terms if I have unpaid debt.

____ I understand that I or account holder is responsible for paying all fees, charges, and amounts owed to the College of the Redwoods. Accounts that incur debts over 120 days past due are considered delinquent. Delinquent accounts are subject to the account collections process. College of the Redwoods may take additional action to collect monies owed on delinquent accounts, including:

1. Delinquent accounts may be listed on consumer credit bureaus.
2. Delinquent accounts may be sent to the Chancellor's Office Tax Offset Program (COTOP)/Franchise Tax Board (FTB) or third party collection agency for collection. The actual fee charged by COTOP/FTB or third party collection agency plus a \$25 processing fee will be added to the balance owed (as permitted by California Government Code 16583.1).

____ I understand that if there is a dispute or problem with this agreement then the College will follow the law of the state of California.

____ I understand that if I or the account holder leaves College of the Redwoods under any circumstances with a balance due, they authorize College of the Redwoods and / or its agents, including attorneys and / or collection agencies, to contact said account holder or student via cellular telephone and / or all forms of electronic technology (to include text messaging and e-mail) to collect such outstanding debt, unless the contacting party is notified by a written letter to cease such communication.

STUDENT NAME _____

STUDENT ID # _____

Under penalty of perjury, I certify that the information I have provided on this Residence Hall Payment Plan Worksheet is true and accurate. I understand that if I give false or misleading information, I may jeopardize my eligibility for occupancy in the housing facilities of College of the Redwoods. I understand the College of the Redwoods requires that I remit payment at specified due dates and that failure to do so may result in cancellation of my meal card; late fees and or eviction from my campus housing and or implementation of the Accounts Collection Process. I have read and understand the Community Guidelines, Residence Hall License Agreement; Student Code of Conduct and all other required and applicable forms, and college policy and procedures.

Student Signature: _____ Date: _____