



University of Massachusetts
Amherst

Housing Billing Appeal Form

Housing Assignment Office :: www.housing.umass.edu :: 235 Whitmore Administration Building :: 413.545.2100

Name: _____ Campus ID # (8-digit): _____

Home Address: _____ Campus Address: _____

Home Phone #: _____ Campus Phone #: _____

Directions for completing a billing appeal:

1. The **student** must complete all information as requested on the first page of the form. The Housing Assignment Office holds a contract with the Umass student. Parents and legal guardians may not complete this form in lieu of the student who holds the contract with Housing Services. Billing appeals that are not completed by the student will be returned to the address provided above.
2. The student must complete a personal statement including the following information:
 - a) The amount and type of charge you are appealing
 - b) The semester that the bill was originally charged
 - c) The reason(s) you believe the charge should be adjusted
3. Provide any additional documentation you have that will support your case or help us understand your particular situation.
4. Once you have completed your appeal form, return it to the Housing Assignment Office by fax, mail, or hand delivery.
5. Your appeal will be reviewed by the administration and policy manager and a decision letter will be sent to your local address within 10 business days.
6. If you have questions about the appeal process or what information to include, contact the Housing Assignment Office (413) 545-2100.

Student Signature: _____ Date: _____

Part I: Student's Personal Statement

Your personal statement is essential to this application. Please complete the personal statement including the following information:

- a) The amount and type of charge you are appealing
- b) The semester that the bill was originally charged
- c) The reason(s) you believe the charge should be adjusted

Part II: Documentation

Please provide any additional documentation you have that will support your case or help us understand your particular situation.

HAO Use Only

Name of Charge	Semester of charge	Amount of Charge	Amount of Adjustment
Base Room Fee			
Base Room Fee - Sylvan			
Base Room Fee - Single			
Base Room Fee 9 Month			
Cancellation Fee			
Double Room as Single Sur.			
Early Arrival Fee			
Improper Room checkout Fee			
RA Waiver			
Res. Hall Cancellation Fee			
Res. Hall Early Arrival Fee			
Res. Hall Telecommunications Fee			
Single			
Single Room Surcharge			
Triple Room as Double Sur.			
Triple Room as Single Sur.			
Unassigned Room Fee			
Unauthorized Room Occupancy Fee			
Other:			

Decision:	Date of Decision:
Comments:	
Date Refund Sent to MC:	Date MC Entered:

Notes: