APARTMENT CHANGE REQUEST FORM

First Name: ___________________________________________ Last Name: ___________________________________________
Banner ID (001234567): ________________________________ Access ID (ab1234): ________________________________
Current Building: ___________________________________ Current Apartment Number: __________________________

Are you requesting to move to an apartment that is already occupied? Yes_______ No_________
(If yes, please complete this section.)

Building Name: _______________________________________ Apartment Number: ___________
Effective Date? ______/_______/________

If you have roommates in your current room you must obtain their signatures. All current roommates must sign this form before the request will be considered. If you do not have roommates please leave blank.

Roommates, by signing this form you are aware that effective on the 1st of the following month your rental rate will be adjusted based on the number of occupants remaining in the apartment.

Roommate Name___________________________________Signature_______________________________________
Roommate Name___________________________________Signature_______________________________________
Roommate Name___________________________________Signature_______________________________________
Roommate Name___________________________________Signature_______________________________________
Roommate Name___________________________________Signature_______________________________________

You must obtain the signatures of your new roommate(s). All new roommates must sign this form before the request will be considered.

Roommates, by signing this form you are aware that if rent is already charged in your apartment for the current month, your rental rate will not be adjusted until the following month.

Roommate Name___________________________________Signature_______________________________________
Roommate Name___________________________________Signature_______________________________________
Roommate Name___________________________________Signature_____________________________________
Roommate Name___________________________________Signature_______________________________________
Roommate Name___________________________________Signature_______________________________________

Are you requesting to move to a new apartment? Yes__________ No__________
Effective Date ______/_______/________
If yes what building and what type of apartment are you requesting to move to? Please circle

UNIVERSITY TOWER
CHATSWORTH TOWER
DEROY

EFFICIENCY
ONE BEDROOM
TWO BEDROOM
THREE BEDROOM

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Please explain your reason for requesting to move:

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Please initial each statement below acknowledging you understand the terms of this request.

_______ I understand that apartments cannot exceed the Occupancy Policy:
No more than 2 persons may occupy efficiency or a 1 bedroom apartment.
No more than 3 persons can occupy a two bedroom at Deroy.
No more than 4 persons may occupy a 2 bedroom at University Tower and Chatsworth Tower. No more
than 6 people can occupy a 3 bedroom apartment.

_______ I understand Wayne State Housing reserves the right to approve or deny any apartment change
request.

________ I understand that an apartment change is not official until I receive an approval e-mail from the
Apartment Coordinator via my Wayne State e-mail address.

________ I understand that if I am approved for an apartment change I will have 48 hours to move by
belongings out of my current apartment. I must also do a proper check out of my current apartment with
the front desk of my building and return my key.

________ I understand if I am moving into an apartment that is currently occupied and rent for that
month has already been charged, I will not be charged rent for that month for the new apartment. I will
pay rent for that month for my old apartment.

________ I understand if I am moving to a new apartment I will be responsible for rent for the new
apartment from the date your request is effective.

Student Signature:__________________________________________ Date:____________________