



Housing and Residential Life

APARTMENT CHANGE REQUEST FORM

First Name: _____ Last Name: _____
 Banner ID (004234567): _____ 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

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 _____

