

Early Termination of Lease Request

To terminate a University of Illinois Family & Graduate Housing Apartment Lease prior to the ending date of July 31, leaseholders must fulfill the lease termination requirements as stated in Sections 14 & 15 of the FGH Lease Terms and Conditions. **Leaseholders are billed for a minimum of 45 days rent after the date their completed Early Termination of Lease Request form is returned to the Family & Graduate Housing office.**

LEASEHOLDER NAME: _____ **CURRENT ADDRESS:** _____

REQUESTED VACATE DATE: _____

The date listed above is your firm commitment to vacate your apartment and return all keys. Keys must be returned and all personal belongings removed from the apartment no later than noon on the requested vacate date. It is not possible to receive a rent refund if you depart prior to your requested vacate date. If the keys are returned late, the leaseholder's university account will be charged double the daily rental rate for each day following the above stated vacate date.

LEASEHOLDER SIGNATURE: _____ **TODAY'S DATE:** _____

Reason for requesting Early Termination of Lease? (please select only one choice)

- Graduation Withdrawing/Dismissed from classes
 Terminating Employment Visiting Scholar appointment ends
 Special Circumstances (you are required to attach a detailed letter of explanation to this form)

Will you be affiliated with the University of Illinois during the upcoming academic year as a student, visiting scholar, faculty or staff member? (please select only one choice) Yes No

Where do you plan to live during the upcoming year? (please select only one choice)

- Return to University Housing/Apartment Rent an off-campus apartment
 Purchase an off-campus home Leaving Champaign-Urbana

Departmental Verification

(To be completed by University of Illinois academic department representative)

Leaseholder ended affiliation with the University of Illinois on: _____

Leaseholder will be ending affiliation with the University of Illinois on: _____

Leaseholder has not ended affiliation with the University of Illinois.

Department Representative Name: _____ Title/Position: _____

Academic Department: _____ Contact Phone number: _____

Contact Email: _____@illinois.edu Signature: _____

Please return to: Family and Graduate Housing Office, 1841 Orchard Pl. Urbana, IL 61801
Phone: (217) 333-5656 / Fax: (217) 244-1200 / Email: apartments@illinois.edu

Office use only:

Rec'd.by _____
Date _____
45 Date _____