



# CANCELLATION OF LICENSE AGREEMENT REQUEST FOUNDATION HOUSING SERVICE

DATE RECEIVED BY OFFICE \_\_\_\_\_

**CANCELLATION** Any Licensee seeking permission to vacate the housing facility prior to the expiration of the term shall give at least thirty (30) days' written notice of intention to vacate and file this form with the Foundation Housing Service office. **In all cases, except graduation, Licensees must pay a cancellation fee of \$475 in addition to their thirty (30) days' notice.** Appropriate documentation verifying approved graduate status is required as well as thirty (30) days' written notice at the time this form is submitted. *(Refer to License Agreement for entire Cancellation Policy in Section 6.)*

**ACCOUNT RECONCILIATION** Reconciliation takes approximately four (4) to six (6) weeks from the date of check-out to reach the student. Apartment damages, if any, will be deducted from the security deposit. **If you wish to appeal any charges this needs to be completed with-in 30 days of receiving this form.**

## PLEASE PRINT NEATLY

**NAME** \_\_\_\_\_ **BRONCO ID#** \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (INITIAL)

**LOCATION** \_\_\_\_\_ **MOVE OUT DATE** \_\_\_\_\_  
(BUILDING) (APARTMENT) (ROOM)

**PHONE # ( ) -** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**FORWARD ADDRESS** \_\_\_\_\_  
(STREET ADDRESS) (APT. #)

\_\_\_\_\_ (CITY) (STATE) (ZIP)

### REASON FOR REQUESTING CANCELLATION

- End of License Agreement
- Disciplinary Action
- Graduation
- Other \_\_\_\_\_

\_\_\_\_\_  
RESIDENT'S SIGNATURE

\_\_\_\_\_  
STAFF SIGNATURE

### FOR OFFICE USE ONLY

TYPE OF FEE	RECEIPT NO.	AMOUNT PAID	OCCUPANCY DATES _____	
			CHARGES	REFUND / INVOICE
FACILITY FEE	_____	\$ _____	\$ _____	\$ _____
LATE FEE		\$ _____	\$ _____	\$ _____
PENALTY		\$ _____	\$ _____	\$ _____
LICENSE FEES		\$ _____	\$ _____	\$ _____
TOTAL		\$ _____	\$ _____	\$ _____

DESCRIPTION OF CHARGES \_\_\_\_\_