

FORT HAYS STATE UNIVERSITY

Department of Residential Life

HOUSING CONTRACT TERMINATION

Students that have been out of high school for less than one year are required to live in University housing. Cancellation of the contract for reasons other than those listed in the terms and conditions may result in the resident being responsible for full payment of the contract. Approval of the Off-Campus Living Request to terminate an existing contract will result in termination fees (as outlined in the table below) being applied to a student's TigerTracks account.

you must return this form to:

Residential Life
Fort Hays State University
McMindes Hall Room 126
Hays, KS 67601-4099

date _____
Received in Office: time _____
initial _____

Phone: 785-628-4245 | Fax: 785-628-4138 | Email: srl@fhsu.edu

Personal Information

(Please provide any applicable personal information below.)

Name _____ Classification _____
Last (Family) First Middle Freshman, Sophomore, etc

Address _____ Telephone _____
Street City Zip Code

Requesting permission for off-campus living for _____ of 20 _____ University ID No. _____
Semester Year

Proposed Address _____ Guardian(s) Name _____
Street City Zip Code

Reasoning for Housing Contract Termination Request

(Please check the box that best provides your reasoning for living off-campus or terminating your housing contract.)

- I am currently married. Spouse's name: _____
(Please include a copy of the marriage license.)
- I have financial concerns in which off campus housing would be beneficial.
(Please fill out the budget information on the reverse of this form.)
- I plan to live in a Fraternity or Sorority House. House's name: _____
(Please provide documentation from your Sorority or Fraternity.)
- I will be participating in a study abroad, exchange, or other university-sponsored program outside of Hays.
(Please include documentation from the host school or program.)
- I have a severe medical condition or health problem that requires I live outside of university housing.
(In order to complete the OCLR, please also complete a Housing Accommodation Request Form, available on our website.)
- I have an other extenuating circumstances which I will provide valid documentation for.
(In order to complete the OCLR, please provide a written response and any other valid documentation. Attach the documents to this form.)

Housing Contract Termination Fees

(Below is a chart in which displays termination fees in accordance with the date in which this form is recieved.)

Date	Fee	
Withdrawal prior to move-in	No additional charges	
Dec. 1–April 15	Forfeit \$40 Contract Fee	
April 16–May 31	\$150 Contract Cancellation Fee	
June 1–July 31	Approved: \$300 Termination Fee	Denied: remaining contract balance
Aug. 1–May 19	Approved: 30% of remaining balance	Denied: remaining contract balance

Budget (Only Required if Financial Reasons Were Selected on Front.)

(Please estimate your financial budget for the following academic year.)

\$ _____	Rent (Mortgage)	HOUSING
\$ _____	Utilities	
\$ _____	Maintenance/ Taxes	
\$ _____	Laundry	EXPENSES
\$ _____	Phone/ Internet	
\$ _____	Gas	
\$ _____	Maintenance/ Taxes	
\$ _____	Groceries	MEALS & SUPPLIES
\$ _____	Eating Out	
\$ _____	Books	
\$ _____	Supplies	

\$ _____	Employment	ESTIMATED INCOME/ REVENUE
_____	_____	
\$ _____	Financial Aid	
_____	_____	
\$ _____	Savings	
_____	_____	
\$ _____	Parents/ Guardians	
_____	_____	
\$ _____	Other	
_____	_____	

TOTAL EXPENSES PER SEMESTER: \$ _____ . _____

TOTAL INCOME/ REVENUE: \$ _____ . _____

Acknowledgement of Form

(Please sign below if you agree with the following statements in accordance with the Residential Life guidelines.)

I understand that if I am checking out of my room or apartment prior to having a decision on my Off-Campus Living Request form, I may still be liable for all housing charges for the contract term. If my OCLR request is approved, I will be charged termination fees up to 30% of my contract balance, as outlined on page 1. If my OCLR is denied, I will be held to my contract and the full termination fee up to the remaining housing charges for the academic year.

I understand that should this request be granted, it is for the above reason only and is valid for only as long as the above condition exists. (Any changes in address must be on file and approved by the Housing Committee.) I grant the University the right to secure verification of any of the information provided on this document.

Student's Signature Date

----- FOR OFFICE USE ONLY -----

Approved Disapproved _____
Housing Committee Date

Residential Life Timestamp