

California State University, Los Angeles  
Housing Services  
5300 Paseo Rancho Castilla, Los Angeles, CA 90032-8647  
323-343-4800

## REFUND REQUEST & APARTMENT CHECKOUT APPLICATION

**I. Forwarding (New) Address:** (To be used to forward mail and will not exceed four weeks.)

Name \_\_\_\_\_ CIN \_\_\_\_\_  
Last (Family) First M.I.

\_\_\_\_\_ Street or PO Box City State Zip Country

New Phone No. (\_\_\_\_\_) \_\_\_\_\_

**II. Current (Campus) Address:** Apt/Room \_\_\_\_\_ Double \_\_\_ Single \_\_\_ Mail Box \_\_\_\_\_

**III. Reason for request (Complete section A,B,C or D)**

**A. Cancellation of Reservation BEFORE moving in or receiving keys.**

I \_\_\_\_\_, have not moved into Housing and will not be residing in the complex for the \_\_\_\_\_ Quarter. Therefore, I am requesting that a refund be mailed to the forwarding address indicated above. I understand that a statement of reason may be requested, and that the University may, at its sole discretion, elect to grant or deny this request (Section III of the License Agreement.)

**B. Cancellation of License Agreement AFTER moving in or receiving keys.**

I, \_\_\_\_\_, have submitted a 30-day's written notice of intent to vacate by way of a "Request for Exception," and I have been approved to be released from the Housing License Agreement as of \_\_\_\_\_ and plan to move out of my assigned space on \_\_\_\_\_. I understand that with out a Letter of Release from the Housing Office, **I shall remain financially liable and owe rent for the balance of my License Agreement.**

**C. Unauthorized Move-Out.**

I, \_\_\_\_\_, have not yet submitted a 30-day's written notice of intent to vacate by way of a "Request for Exception," and I have not been approved to be released from the Housing License Agreement. I understand that without a Letter of Release from the Housing Office, **I shall remain financially liable and owe rent for the balance of my License Agreement.**

**D. Expiration of License Agreement.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### HOUSING STAFF ONLY

Keys Returned: \_\_\_\_\_ Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Signature of Housing Officer \_\_\_\_\_

CSULA Housing Services  
(323) 343-4800  
(323) 343-6465 fax

## **Student Financial Aid Form**

Attn: L. Fong  
Student Affairs 124

To: Student Financial Services

From: \_\_\_\_\_  
Last, First M.I. CIN

Subject: Departure from the Residential Community

**PLEASE COMPLETE SECTION 'A' IF YOU CURRENTLY HAVE FINANCIAL AID. FILL OUT SECTION 'B' IF YOU DO NOT HAVE FINANCIAL AID.**

### **Section A**

On \_\_\_\_\_, I will move out of my assigned apartment (# \_\_\_\_\_) to the address noted below. My new residence will be (circle one):

1. At home with my parents
2. With a family, but not my parents
3. A fraternity or sorority
4. My own apartment

New Address: \_\_\_\_\_  
Street Number and Name Apartment #  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Signature Date

### **Section B**

I \_\_\_\_\_, will move out of my assigned apartment on \_\_\_\_\_, and I certify that I AM NOT receiving financial aid at this time.

\_\_\_\_\_  
Signature Date

NOTE: Your financial aid award may be reduced because of your departure from on campus housing. Please see your Financial Aid counselor for details.