

University Villages Transfer Request Form

Tenants requesting to move from one unit to another may request a transfer. Transfers are granted based on several criteria including, but may not be limited to, need, availability and account status. Transfers may not be granted in the order the requests are received:

TRANSFER POLICIES

- 1) A **\$100.00 transfer fee** must be paid upon acceptance of an apartment offer.
- 2) You are given seven (7) days to transfer into your new apartment. Keys must be turned in for the unit being vacated within that seven days or rent will be charged for each day in excess of the 7 days until keys are turned in.
- 3) Tenants are obligated to follow all the check-out procedures in the apartment they currently live in which includes thorough cleaning, removing trash, professional carpet cleaning, and returning keys and laundry card. Please see check-Out procedures for more specific information.
- 4) Your deposit will transfer to the new unit and will **not** be used toward cleaning or damage charges for the unit you have vacated. All charges associated with the unit you have vacated will be placed on your student account and must be paid immediately.

Reason For Transfer Request:

(Please mark one)

- ☐ Increase in family size (occupancy guidelines apply)
- ☐ Decrease in family size (occupancy guidelines apply)
- ☐ Medical Necessity. Description: _____
- ☐ Other: _____

Please mark the unit size next to the location(s) you would like to transfer to:

Please review the Occupancy Guidelines on the back of this page before making your choice(s)

Craighead/Sisson	<input type="checkbox"/> Studio	<input type="checkbox"/> 1 Bdrm	<input type="checkbox"/> 2 Bdrm	<input type="checkbox"/> 3 Bdrm	<input type="checkbox"/> 4 Bdrm
Elliot Village	<input type="checkbox"/> Studio	<input type="checkbox"/> 1 Bdrm	<input type="checkbox"/> 2 Bdrm	<input type="checkbox"/> 3 Bdrm	
Toole Village	<input type="checkbox"/> Studio	<input type="checkbox"/> 1 Bdrm	<input type="checkbox"/> 2 Bdrm	<input type="checkbox"/> 3 Bdrm	

Tenant Name (please print): _____ **Student ID#** _____

Current Apt # _____ **Contact Phone Number:** _____

Please list all dependents who will be residing in the unit:

_____	_____	_____
Name	Relationship	DOB
_____	_____	_____
Name	Relationship	DOB

➤ If you have further dependents to list please list them on the back of this page

By signing this form, you confirm that you understand the submission of this form does not guarantee if or when a transfer will take place. You will be offered a new unit based on a review of your circumstances and the criteria above. The University Villages office staff cannot give an exact, nor estimated, date a transfer will be offered.

Tenant Signature: _____ **Date:** _____

Name	Relationship	DOB
Name	Relationship	DOB
Name	Relationship	DOB
Name	Relationship	DOB

Please use this space to provide any further information you feel would be helpful in determining the priority of your transfer. You may also use this space to provide any specifics you require of your new apartment such as location, floor, ADA accessible etc.

[illegible]

	# of Occupants	Studio	1 Bdrm	2 Bdrm	3 Bdrm	4 Bedroom
Single	1	X	X	w/ or w/o roommate		
Family	2	X	X	X		
Family	3			X	X	
Family	4			X	X	X
Family	5 - 8				X	X

UV Staff Member: _____ Date Received: _____