



Roommate Change Process List

Address: _____

Remaining Roommate Name: _____

Email _____

Departing Roommate Name: _____

Email _____

____ Admin Fee Paid ____ (\$50) 60 days advance request

____ (\$75) Less 60 day request

Method of payment

____ check # _____

____ Credit Card

____ Resident Account: signature _____

____ Substitute Roommate Information-(*must provide photo ID, Ucard, Univ. affiliation docs*)

Name _____ Phone _____

Email _____

____ (Photo ID) ____ (Ucard) ____ (Transcript or Offer letter)

(For Office Use)

Roommate Change Request:

Approved

Declined **Request declined due to the following reason*

____ Household ineligible for roommate change ____ Account does not meet financial standards

____ Multiple failed health & safety inspections ____ Lease violations

Staff Initials: _____ Date Received: _____ (stamp)

(For Office Use Only)