Early Termination of Lease Request

To terminate a University of Illinois Family & Graduate Housing Apartment Lease prior to the ending date of July 31st, Leaseholders must fulfill the lease termination requirements as stated in Section 14 of the FGH Lease Terms and Conditions.

*** Must provide 45 days advance notice of vacate date ***

LEASEHOLDER NAME: ___________________________  CURRENT ADDRESS: ___________________________

REQUESTED VACATE DATE: _______________________

The date listed above is your firm commitment to vacate your apartment and return all keys. Keys must be returned and all personal belongings removed from the apartment no later than 12:00 pm noon on the requested vacate date. If the keys are returned late, Leaseholder’s University account will be charged double the daily rental rate for each day following the above stated vacate date.

LEASEHOLDER SIGNATURE: ___________________________  TODAY’S DATE: _______________________

Reason for requesting Early Termination of Lease? (please select only one choice):

___ Graduation  ___ Withdrawing/Dismissed from classes  ___ Visiting Scholar appointment ends
___ Terminating Employment  ___ Special Circumstances (you are required to attach a detailed letter of explanation to this form)
___ Summer Termination (only available if you are requesting to vacate between May 15 and July 31)

Will you be affiliated with UIUC during the upcoming academic year as a student, Visiting Scholar, faculty or staff member? (please select only one choice):

___ Yes ___ No

Where do you plan to live during the upcoming year? (please select only one choice)

___ Return to University Housing/Apartment  ___ Rent an off-campus apartment
___ Purchase an off-campus home  ___ Leaving Champaign/Urbana

Departmental Verification - Not Required for Summer Termination

(To be completed by University of Illinois academic department representative)

☐ Leaseholder ended affiliation with the University of Illinois on: ___________________________

☐ Leaseholder will be ending affiliation with the University of Illinois on: ___________________________

☐ Leaseholder has not ended affiliation with the University of Illinois.

Department Representative Name: ___________________________  Title/Position: ___________________________

Academic Department: ___________________________  Contact Phone number: ___________________________

Contact Email: ___________________________@illinois.edu  Signature: ___________________________

Please return to: Family and Graduate Housing Office, 1841 Orchard Pl. Urbana, IL 61801
Phone: 217.333.5656 / Fax: 217.244.1200 / Email: apartments@illinois.edu

Office use only:

Rec’d by __________  Date __________  45 Date __________