

## Vacate Notice - Academic Staff Housing

Please submit this completed form to the Housing Office at least 30 days prior to your requested vacate date. Please note that this form is designed to be completed electronically using Adobe Acrobat, which can be <u>downloaded from the ITS website</u>. Fields marked with an asterisk (\*) are required.

Please make sure to review the move-out procedures for your building on the Housing website.

## Resident Information

| Last Name*               |                             | First Name*                |              |
|--------------------------|-----------------------------|----------------------------|--------------|
| Primary Phone*           |                             | Building*                  | Apt. Number* |
| Weill Cornell Email*     |                             | Personal Email*            |              |
| Resident Type* OPostdoc. | ○ Faculty                   |                            |              |
| Vacate Date              | Move-outs are not permitted | l on Sundays and holidays. |              |

The pro rata table is located at the bottom of <u>this page</u>. Please refer to this table before finalizing your vacate date. Your last month's housing fee will be adjusted accordingly.

## **Security Deposit Refund**

If you moved into WCM Housing after September 1, 2022, and paid a \$500 non-fundable move-in fee, do not complete the Security Deposit Refund section below.

Your security deposit refund will be distributed to you either by mailed check or electronic funds transfer, depending on where you reside after you move out of Weill Cornell Medicine Housing. Please complete the applicable section below and allow the WCM Finance Department up to eight weeks after your vacate date to process the refund.

If you will reside in the United States, you will receive your refund via mailed check. Please provide your new mailing address.

| Street Address   |              |       |  | Apt. Number |  |  |  |  |
|--|--------------|-------|--|-------------|--|--|--|--|
| City   |              | State |  | Zip         |  |  |  |  |
| If you will reside outside of the United States, you will receive your refund via electronic funds transfer (EFT). Please provide your banking information below. The name on the account must match your (the primary resident's) name. Note that we only provide EFT for international transactions. |              |       |  |             |  |  |  |  |
| Name of Bank   | Account Name | ie 🗌  |  |             |  |  |  |  |
| Account Number   | IBAN Number  | r     |  |             |  |  |  |  |
|  | Swift Code   |       |  |             |  |  |  |  |
|  |              |       |  |             |  |  |  |  |

I plan to fully vacate the unit as noted in my building's Vacate Procedures. I have read and fully complied with the terms of the Weill Cornell Housing License Agreement concerning checkout requirements, payment, and, if applicable, the return of security as filed above.

Signature of Primary Resident\*

Date\*