



Office Use Only:

\$ _____ deposit OK to be released.

\$ _____ paid to **House** for debts.

\$ _____ improper withdrawal (late, no exit survey, etc.)

DSA Comments: _____

Deposit Clearance Form

To be completed for ALL non-returning residents.

Resident Section – To Be Completed by the Resident:

Please fill out the bottom portion with your most updated information. This information is vital should we need to contact you regarding your withdrawal or deposit. **This should be filled out during your Check-Out time.** Thank you and we wish you all the best.

Full Name: _____ **House:** _____

Phone Number: _____ **Non-School Email:** _____

Permanent Forwarding Address:

- I would like to donate: _____ \$10 of my deposit to SSF
- _____ \$25 of my deposit to SSF
- _____ \$50 of my deposit to SSF
- _____ All of my deposit to SSF
- _____ None of my deposit to SSF

I understand that if I wish to return to SSF, I must re-apply.

- I understand I must follow appropriate Check-Out Procedures with my HM and return my Parking Decal. If I don't, I will **NOT** be eligible for the \$150 refund.
- I understand that I must complete an online Exit Survey (via Survey Monkey) prior to moving out as part of Check-Out Procedures. If I don't, **\$25** will be deducted from my refund.
- I understand I must submit my final unofficial transcript via email to my DSA within one week of grades being released as part of appropriate Check-Out Procedures. If I don't, **\$25** will be deducted from my refund. I understand that if I was under full-time status during my last semester at SSF without prior approval from my DSA per the handbook, I forfeit my deposit.
- I understand that if I didn't submit my withdrawal online form by the due date, **\$75** will be deducted from my refund.
- I understand that if I don't complete the Deposit Clearance form correctly, **\$25** will be deducted from my refund.
- I understand that, if I am eligible and do all of the above, my deposit will be returned to me. I also understand that it may take 4 to 6 weeks for it to be returned.

Resident Signature: _____ **Date:** _____

House Manager Section – To Be Completed by the HM:

If a resident in your house has withdrawn from SSF housing, we need verification that he/she does not owe your house any money. If he/she owes more than \$100 to your house, it is your responsibility to collect the full amount owed. If he/she owes your house less than \$100 and is eligible for a deposit refund, we will issue your house a check for the amount owed and refund the remainder to him/her. **This should be filled out during the Resident's Check-Out time.**

Please have complete the information below and return this form to the DSA during HM Check-Out/House Closing. **All areas must be completely filled out.** If this form is not turned in by the deadline, your house risks losing any reimbursement or Wish List funds.

Amount owed for house bill: \$ _____ Amount owed for fines: \$ _____ Other: \$ _____

House Manager Signature: _____ **Date:** _____