## **Termination Notice: Homestay**

The student must complete the first part of this form.

To be eligible for a refund of the security deposit, the student must:

- 1. Complete this form and submit it to the host family at least 30 days before he/she moves out;
- 2. Pay all outstanding accounts;
- 3. Ask host family to acknowledge this notice by signing below determining deposit expected to be returned;

| 4.                      | 4. Return the completed form to the International   | Programs imn      | nediately.   |                                     |  |
|-------------------------|---|-------------------|--------------|-------------------------------------|--|
| 1,                      | , Student K,  |                   |              |                                     |  |
| (Stu                    | (Student name)  |                   |              |                                     |  |
| Lam                     | am giving you notice that I will move out of your home o  | n: Month          | Day          | Year                                |  |
| My f                    | y forwarding address for mail will be:  |                   |              |                                     |  |
| Than                    | nank you for your hospitality!  |                   |              |                                     |  |
| Stude                   | udent Signature   | Today's D         | ate ,        | <u> </u>                            |  |
| To b                    | be eligible to process deposit refund the host family   | / must:           |              |                                     |  |
| 1.                      | 1. Complete this part of the form.  |                   |              |                                     |  |
| 2.                      | 2. Please give the homestay coordinator a call if you a   | re not sure abo   | out the form | or the process.                     |  |
| 3.                      | 3. One week before move out date, send a note either by fax or e-mail to International Programs confirming th amount of the deposit to be returned (normally all of it.)  |                   |              |                                     |  |
| 4.                      | 4. Return the eligible deposit on the day the stude   | nt moves out.     |              |                                     |  |
| l,                      |   | I ackno           | wledge this  | notice on                           |  |
| (Но                     | (Host name)   |                   |              | (Month/day/year)                    |  |
|                         | I estimate that this student will not owe us anyth  | ing and will be   | getting the  | e full deposit.                     |  |
| taker<br>the a<br>telep | I estimate that this student will need to reimburs<br>ken out of the deposit*; (*If you have to wait<br>a amount for now & contact the IP office with actual amount<br>ephone card once he/she has given you notice.) | it to find out th | ne exact am  | ount, e.g. telephone bill, estimate |  |
|                         | for   |                   |              |                                     |  |
| -                       | for   |                   |              |                                     |  |
| Othe                    | her notes:  |                   |              |                                     |  |

| Yes, I am available to host another     | student starting on (month      | /day/year) |
|---|---------------------------------|------------|
| No, we will not be available to host    | another student at this time.   |            |
|   |                                 |            |
|   |                                 |            |
| Host family Name (Please print)         | Host family Signature           | Date       |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , 3                             |            |
|   |                                 |            |
| For office use only:                    |                                 |            |
| •                                       |                                 |            |
| Date form received in IP office         | _ Program Coordinator Signature |            |
| Notes:                                  |                                 |            |