

# 2021 Residential Agreement Withdrawal and Refund Guidelines

All Residents have signed a Fixed term Residential Agreement to stay in their Accommodation. However, we understand there are exceptional circumstances that arise and there is a process that allows Residents to apply to be released from their Agreement earlier at Massey's sole discretion.

Under these circumstances a Resident must complete a Release of Residential Agreement Application Form ("Application").

**Please read this carefully and follow all instructions.** You are able to apply to leave your Accommodation for one or more of the following reasons:

#### Withdrawing from the Tertiary Institute

If you are withdrawing or have been excluded from the Tertiary Institute you need to supply evidence proving you have withdrawn or been withdrawn from study at the Tertiary Institute.

#### **Medical / Counselling Reasons**

If you want to move out because of medical or counselling reasons you will need to complete the Medical/Counselling Assessment form through the Wellington Health and Counselling Services (or your preferred doctor or counsellor). They will need to indicate why you can't stay in your current or similar on campus accommodation. You will need to show that you have found alternative accommodation that better meets your requirements. Under no circumstances should you commit yourself to any other tenancy contracts until your have been notified of the outcome of this Application.

#### **Compassionate Reasons**

If you want to move out because of personal or family issues you will need to either complete the Counselling Assessment form from Massey Counselling Service (or your preferred counsellor) or attach a supporting letter from whoever is relevant according to your situation. They will need to indicate why you can't remain in your current or similar on campus accommodation. You will need to show that you have found alternative accommodation that better meets your needs. Under no circumstances should you commit yourself to any other tenancy contracts until you have been notified of the outcome of this.

#### **Application Process**

If you wish to apply to be released from your Residential Agreement because of one or more of the reasons above then please fill out the relevant forms in the Release of Residential Agreement Application 2021 and attach all relevant documentation. You may be contacted by Massey to discuss your application in detail.

Please hand in completed forms as soon as possible to the office. The Early Release process is ONLY started when you hand in all the Release of Residen tial Agreement Application 2021. You can also email your Withdrawal Application to accommodation.wellington@massey.ac.nz

For assistance in filling out the Application form, please see the Office, Student Central or the MAWSA Advocate.

You will be contacted with the decision by The Cube Office, as well as information on the process for checking out and bond refund if your Application has been approved.

#### **Appealing the Decision**

You may appeal against the decision by applying to the Student Life Services Manager, Massey University Wellington in writing within 5 working days from the date of the emailed decision. The MAWSA Advocate can assist you with your appeal.

#### Appeal to:

Associate Director Student Wellbeing studentservices.directorate@massey.ac.nz

Your Application will be kept strictly confidential.

#### **Refund Outcomes**

If your Application is successful, the dates, notice periods and penalties in the table below will apply to any refunds.

The Processing Fee of \$100 is non-refundable from date of payment.

The Bond is refundable (minus any damage/cleaning charges).

The Activity Fee, Internet Fee, Mattress Protector and Room Pack (for international students only) are non-refundable after 20th January 2021.

You must have your account and any outstanding fines with Accommodation the date.

# Withdrawal Dates for Residents of Cube and Kāinga Rua Hall

### Prior to 20th January (inclusive)

Immediate notice in writing to accommodation.wellington@massey.ac.nz.

Full Refund (Processing Fee and any bank fees retained).

### 21th January to 14th March (inclusive)

Two (2) week notice period applies from the date a complete Application is received.

Partial Refund: Three (3) weeks Accommodation Fees retained in addition to notice period.

### 15th March to 7th June (inclusive)

Two (2) week notice period applies from the date a complete Application is received.

Partial Refund: Six (6) weeks Accommodation Fees retained in addition to notice period.

### 8th June to 29th June (inclusive)

Two (2) week notice period applies from the date a complete Application is received.

Partial Refund: Seven (7) weeks Accommodation Fees retained in addition to notice period.

### 30th June to 25th July (inclusive)

Two (2) week notice period applies from the date a complete Application is received.

Partial Refund: Nine (9) weeks Accommodation Fees retained in addition to notice period.

### 26th July onward (inclusive)

Two (2) week notice period applies from the date a complete Application is received.

Partial Refund: The less of either twelve (12) weeks or remaining weeks Accommodation Fees retained in addition to notice period.

## Withdrawal Dates for Residents of Senior Hall

Prior to 15th January (inclusive)

Immediate notice in writing to accommodation.wellington@massey.ac.nz.

Full Refund (Processing Fee and any bank fees retained).

16th January to 5th February (inclusive)

Two (2) week notice period applies from the date a complete Application is received.

Partial Refund: Three (3) weeks Accommodation Fees retained in addition to notice period.

6th February to 4th June (inclusive)

Two (2) week notice period applies from the date a complete Application is received.

Partial Refund: Six (6) weeks Accommodation Fees retained in addition to notice period.

5th June onward

After June 5th you will not receive a refund and will be liable for the remainder of your contracts accommodation fees

Last Updated: 30/11/2020

Keep this for your reference

| (Office Use) Date Received | l | (dd/mm/yyyy) |
|----------------------------|---|--------------|
|----------------------------|---|--------------|

# Release of Residential Agreement Application Form

| Cont    | act Details   |   |
|---------|---|---|
| Name:   |   | Massey ID:  |
| Mobile  | Phone:  | Personal email address:   |
| Alterna | ative Address: (e.g - parents)  |   |
|         |   |   |
|         | etick what ground(s) you are a rting document(s).                     | pplying to be released by and ensure you attach the appropriate                               |
| W       | ithdrawing from university (must                                      | provide evidence from Student Central)  |
| Mo      | edical/counselling reasons (must                                      | t complete medical/counselling assessment)  |
| Co      | ompassionate reasons  |   |
| Decla   | aration   |   |
|         |   | ree to the guidelines and conditions as set tial Agreement Application Form.                  |
|         |   | ned within this application to be true and  |
|         | <del>-</del>  | edge. No information that could have material peen withheld. I understand that if it comes to |
|         | the attention of management that                                      | at information given is not correct or has  |
|         | been omitted, the decision may owed during the full contract pe       | be reversed and I will be liable for the rent riod.   |
|         | I give my consent for my next of staff in respect of this application | f kin / Guarantor to be contacted by Accommodation Services                                   |
| Next of | f Kin:  | Phone:  |
|         |   |   |
| Bank A  | account Name:   |   |
| Bank A  | scount Number:  |   |

#### **Statement**

Please explain your situation and the reasons you are applying to be released.

Consider why you believe your current accommodation is not suitable. Have you tried to improve your situation? Have you contacted our pastoral care team on site? Add any other information you wish to be considered. You may attach more pages if needed.

| If you are withdrawing from University, we would appreciate if you could please state your reason. This will assist the University in providing an improved service. |                           |            |          |  |
|--|---------------------------|------------|----------|--|
| Trine triii addiet are erii tere.  | ny in providing an improv | ou connect |          |  |
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|  |                           |            |          |  |
| Date you wish to move out:   |                           |            |          |  |
| Student Name:  |                           |            |          |  |
| Student's Signature:   |                           |            | <u> </u> |  |
| Date:  | (dd/mm/yy/                | <b>.</b>   |          |  |

### **Medical/Counselling Assessment**

Please stamp form

| Resident Details   |   |                      |
|--|---|----------------------|
| Full Name:   | Flat/Room Number:   |                      |
| To the practitioner:   |   |                      |
| statement will be used as a supportive request to be released from his/her statement does not guarantee that the statement will be used as a supportion of the statement will be used as a supportion of the statement will be used as a supportion of the statement will be used as a supportion of the statement will be used as a supportion of the statement will be used as a supportion of the statement will be used as a supportion of the statement will be used as a supportion of the statement does not guarantee that the statement does not guarantee | form by a current resident of our halls, your ing document to substantiate the resident's Residential Agreement. However, your he resident will be released. handle this information confidentially). |                      |
| Our residents may apply for a releas   | se for:   |                      |
| <ul><li>Medical/Well-being Reasons</li><li>Compassionate Reasons</li><li>Withdrawing from their Massey could</li></ul>   | urses   |                      |
| Please use the space below to provi<br>suitability for staying in the MU WN  | ide us with a statement outlining your assessmonth Halls of Residence.  | ent of the student's |
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| Counsellor or Doctor's Si  | gnature   |                      |
| Name:  |   |                      |
| Signature:   | Date:   | (dd/mm/yy)           |

**Staff Use Only** 

| Reason:  Withdrawal from MU  Medical/Well-Being | ROM's recommendations: | Approved by Manager Student Life Services for medical/ |
|---|------------------------|--|
| Compassionate Reasons                           |                        | wellbeing and compassionate reason applications        |
| Resident required to pay until:                 | Checkout date booked:  |  |



### **Departing Flatmate/Roommate**

(Required for all 3 bed, 5 bed, and twin share residents)

| Departing Flatmate / Roommate Nan<br>Apartment / Room Number:   |   |        |  |  |
|---|---|--------|--|--|
| To be signed by the flat/room                                   | mates of the departing resider  | t      |  |  |
|   | en assessed and that any damaged in communicated to Accommodation Sta |        |  |  |
| We have discussed and agreed upon payment for all shared bills. |   |        |  |  |
| Signed and dated by all remaining residents:                    |   |        |  |  |
| (Residents Name)  | (Signature)   | (Date) |  |  |
| (Residents Name)  | (Signature)   | (Date) |  |  |
| (Residents Name)  | (Signature)   | (Date) |  |  |
| (Residents Name)  | (Signature)   | (Date) |  |  |