



Personal Information:

Name: _____
Phone Number: _____
Email: _____

Unit Information:

Floor plan: _____
Unit Number/Bedroom: _____
Monthly Installment Amount: _____
Assignment Dates: From: _____ to: _____

Gender of occupant(s) who will remain in the unit: ___ Male ___ Female ___ Both

This form represents my intent to assign my bed space at _____. I understand that this form does **NOT** guarantee that Landlord will find someone to take over my bed space and that it is my responsibility to find a qualified applicant. I understand that per the Lease Contract there is a \$500 assignment fee due and payable upon execution of this form. I understand that my account must be in good standing and I am responsible for all Rent, fees, and other charges outlined in the Lease Contract until an approved applicant has completed all necessary paperwork, all fees are submitted to management, management approves the assignment, and the assignment takes occupancy. I understand the following are the conditions of assignment:

1. Perspective applicants must complete a rental application and the applicant must be approved according to Occupancy Guidelines prior to signing a new lease and moving in.
2. The new lease can start no less than 48 hours from when the unit is vacated. Failure to move out or notify the Lessor that you have vacated by the start date of the new lease may result in the new lease to be void.
3. New tenant will need to pay their own security deposit, fees, rent and utilities where applicable.

BY SIGNING THIS FORM I ACKNOWLEDGE THAT COMPLETION OF THIS FORM DOES NOT RELEASE ME FROM THE OBLIGATIONS UNDER THE LEASE. I WILL ONLY BE RELEASED FROM MY LEASE OBLIGATIONS WHEN THE NEW RESIDENT'S LEASE AND ALL NECESSARY PAPERWORK AND FEES ARE SUBMITTED TO MANAGEMENT AND MANAGEMENT APPROVES THE ASSIGNMENT AFTER THE NEW RESIDENT HAS MOVED IN. IN THE EVENT ALL ITEMS ARE NOT COMPLETED, THE LEASE WILL REMAIN MY RESPONSIBILITY.

Current Resident Signature Date

Once you have found an individual to take over your lease, please enter their name and contact information below.

Name: _____
Phone: _____
Email: _____

Incoming Resident Signature Date