

REQUEST FORM

(CHANGE OF LEASE TERMS)

*BY SIGNING BELOW TENANT FURTHER ACKNOWLEDGES AND UNDERSTANDS THAT HE/SHE WILL BE RESPONSIBLE FOR COSTS ASSOCIATED WITH THIS REQUEST INCLUDING A \$25.00 DOCUMENT FEE. **ADMINISTRATIVE FEES ARE BILLED OUT AT \$30.00 AN HOUR WITH A MINIMUM OF 30 MINUTES.** CHARGES WILL BE APPLIED TO YOUR ACCOUNT ACCORDINGLY. _____ **TENANT INITIAL**

REQUESTED BY BLDG/UNIT#: _____

*TENANT(S) PRINTED NAME: _____

DATE: _____

*TENANT(S) SIGNATURE(S): _____

HOW WOULD YOU LIKE US TO CHANGE YOUR LEASE? PLEASE INITIAL BY ALL THAT APPLY:

____ **ADD TENANT/OCCUPANT TO LEASE**

NAME OF INDIVIDUAL _____

HAVE WE RECEIVED THEIR APPLICATION? YES NO

____ **ADD ANIMAL**

DESCRIPTION OF ANIMAL:

TYPE: DOG CAT OTHER _____

BREED: _____

AGE: _____ YRS

WEIGHT: _____ LBS

COLOR: _____

NAME: _____

HAVE WE RECEIVED RECENT VET RECORDS? YES NO

RABIES VACCINATION EXPIRATION: ____/____/____
MM / DD / YYYY

____ **REMOVE TENANT/OCCUPANT**

NAME OF INDIVIDUAL _____

HAVE WE RECEIVED THEIR 30 DAY NOTICE? YES NO

____ **REMOVE ANIMAL**

DESCRIPTION OF ANIMAL:

TYPE: DOG CAT OTHER _____

BREED: _____

AGE: _____ YRS

WEIGHT: _____ LBS

COLOR _____

NAME: _____

____ I AUTHORIZE A KEY PASS FOR YOU TO INSPECT MY
UNIT AT YOUR EARLIEST CONVENIENCE.

____ I WOULD LIKE TO SCHEDULE AN INSPECTION.

____ I AM PROVIDING VET RECORDS OF EUTHANASIA

____ **EVALUATE QUALIFYING FACTORS TO REMOVE PAYMENT CONDITIONS**

____ **EVALUATE QUALIFYING FACTORS TO DROP 3RD PARTY GUARANTOR**

HAVE WE RECEIVED YOUR MOST RECENT PROOF OF INCOME? YES NO

____ **VACATING PRIOR TO LEASE TERMINATION**

____ **ALTERNATIVE/RELEASING OPTION** ____ **PAY THROUGH RE-RENTAL OPTION** ____ **FULFILL LEASE TERM OPTION**

HAVE WE RECEIVED YOUR WRITTEN 30 DAY NOTICE? YES NO

PLEASE BE SURE TO PROVIDE US WITH THE APPROPRIATE DOCUMENTATION FOR YOUR REQUEST. PLEASE NOTE IF APPLICABLE, SIGNATURES FROM YOUR 3RD PARTY GUARANTOR(S) MAY BE REQUIRED FOR CHANGE OF LEASE TERMS.

THANK YOU FOR YOUR REQUEST. ONCE WE HAVE FULLY REVIEWED YOUR REQUEST WE WILL CONTACT YOU WITH FURTHER INFORMATION REGARDING YOUR REQUEST AND ANY ADDITIONAL STEPS REQUIRED. THIS FORM DOES NOT CHANGE YOUR LEASE. PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

DAY TIME PHONE NUMBER _____

EMAIL _____

OFFICE USE ONLY

VERIFIED BY: _____ DATE: _____ TIME STARTED: _____ TIME COMPLETED: _____