

# 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. **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.

\_\_\_\_ **EVALUATE QUALIFYING FACTORS TO REMOVE PAYMENT CONDITIONS**

\_\_\_\_ **EVALUATE QUALIFYING FACTORS TO DROP 3<sup>RD</sup> 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 3<sup>RD</sup> 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. PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

DAY TIME PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

OFFICE USE ONLY

VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME STARTED: \_\_\_\_\_ TIME COMPLETED: \_\_\_\_\_