

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 TIME IS BILLED OUT AT \$35.00.** CHARGES WILL BE APPLIED TO YOUR ACCOUNT ACCORDINGLY. **TENANT INITIAL** _____ **REQUESTED BY BLDG/UNIT#:** _____

*TENANT(S) PRINTED NAME: _____ DATE: _____

*TENANT(S) SIGNATURE(S): _____

ALL REQUESTS WILL REQUIRE A MANDATORY INTERIOR INSPECTION

___ INSPECT MY UNIT AT YOUR EARLIEST CONVENIENCE

___ I WOULD LIKE TO SCHEDULE AN INSPECTION ON _____ BETWEEN THE HOURS OF 9 AM AND 4 PM
DATE

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: ___/___/___

DD / MM / YYYY

___ **REMOVE TENANT/OCCUPANT**

NAME OF INDIVIDUAL _____

___ **REMOVE ANIMAL**

DESCRIPTION OF ANIMAL:

TYPE: DOG/ CAT/ OTHER _____

BREED: _____

AGE: _____ YRS

WEIGHT: _____ LBS

COLOR: _____

NAME: _____

___ **EVALUATE QUALIFYING FACTORS TO REMOVE UPFRONT PAYMENT CONDITIONS**

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

HAVE WE RECEIVED YOUR MOST RECENT PROOF OF INCOME? 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. PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

DAY TIME PHONE NUMBER _____

EMAIL _____

OFFICE USE ONLY

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