



AUTHORIZATION FOR RE-RENTAL FOR APARTMENT# _____

Resident Names (please print the names of all lease holders):

_____, _____, _____
_____, _____, _____

I/We understand that I/we am/are responsible for all terms and conditions of my current lease agreement, renewal lease, extension lease, and any accompanying lease addendums. This includes, but is not limited to all lease policies, rental payments, power bills, late fees, etc. inclusive thru the day before a new lease agreement commences and/or the current lease expires. Obligations are not negotiable until a new lease agreement has been signed and required security deposits have been paid in full, and a new resident(s) has/have taken possession of the apartment home. The account balance on the apartment must be up to date for Re-Rental approval.

I/We understand that my/our security deposit(s) may be refunded after the apartment is Re-rented or at lease expiration according to the vacating inspection less any outstanding account balance owing on this apartment.

I/We agree to pay Foxridge and Hethwood Communities a fee of \$_____ for processing, marketing and administrative costs associated with the attempted Re-rental. Since I/we am/are moving from the apartment home prior to the scheduled lease expiration date, I/we also agree to any extraordinary refurbishing cost, such as painting, necessary for Re-rental of this apartment home. I/We understand that upon signing this agreement, we cannot re-claim possession of the apartment after the indicated move-out date, but agree to all obligations of the lease through the lease expiration or until the lease is terminated by a successful Re-rental.

APARTMENT ADDRESS _____

APARTMENT SIZE _____ CURRENT LEASE EXPIRATION DATE _____

DATE YOU WILL VACATE, RELINQUISH KEYS AND ACCESS TO THE APARTMENT HOME _____

REASON FOR LEAVING _____

FORWARDING ADDRESS _____

PHONE NUMBER _____ (Street) _____ CELL PHONE NUMBER _____ (Town/State/Zip) _____ EMAIL _____

FORWARDING ADDRESS _____

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PHONE NUMBER _____ (Street) _____ CELL PHONE NUMBER _____ (Town/State/Zip) _____ EMAIL _____

I/WE UNDERSTAND THAT EVEN THOUGH I/WE AM/ARE VACATING MY/OUR APARTMENT PRIOR TO THE EXPIRATION DATE OF THE LEASE, I/WE AM/ARE STILL RESPONSIBLE FOR THE RENT DUE. I/WE ACKNOWLEDGE RECEIPT OF STANDARD VACATING CHECKLIST. I/WE ACKNOWLEDGE THAT ANY OVERPAYMENTS OF RENT WILL BE REFUNDED WITH THE SECURITY DEPOSIT REFUND AS OUTLINED ABOVE.

PLEASE READ AND INITIAL THE FOLLOWING:

1. I understand that Foxridge and Hethwood Communities Management has an obligation to rent vacant apartments before renting Re-rental apartments. Vacant apartments will be offered to prospective renters first. Re-rental apartments will be offered in the event that there are no vacant apartments, or if the prospective renter specifically asks for the Re-Rental apartment, or describes an apartment similar to the Re-rental apartment and no Vacant apartment home is available that meets this description. A Vacant apartment home is defined in this agreement as an apartment home that is available for rent and does not have a signed lease generating monthly rental income.

2. Once your apartment has been offered to a prospective resident, the following **MUST** take place before ending your lease. The new renter must complete rental application and meet screening criteria, sign the lease, pay all rent and security deposits due and **take possession of the apartment**.

3. I/We understand(s) that the rent must be paid in full as agreed at the first of each month until the lease expires or is terminated by a successful Re-rental. This applies to every month; even when prospective residents are anticipated to move-in during the month. Any power bills & late fees will be my/our responsibility as well. Late fees will apply to partial rent payments. If the Re-rental is successful at any point during the paid month, the rent will be prorated based off of the new resident's lease starting date and credited to your account.

4. In the event that the prospective resident cancels his/her application, Foxridge and Hethwood Communities does not assume responsibility for the cancellation. The apartment will then become available for Re-rental to another potential resident. I/We understand(s) that I/we will continue to pay for the rent and power bills for the apartment.

5. A firm date of vacating is required. All residents must vacate per the date given by the resident on this form. Failure to move-out and surrender possession of the apartment home on the date indicated, will result in holdover fees and any costs associated with changes to the agreed date. These costs may also include damages to a potential resident and/or any costs associated with failure to surrender possession as outlined in the lease agreement. Foxridge and Hethwood Communities also reserves the right to cancel and void the agreement for Re-rental if a resident fails to comply with all policies, terms and conditions of their lease and this Re-rental agreement.

6. I/We understand that once the apartment has been vacated and processed for availability, I/we will not be able to retract the Re-rental, regardless of the success of the Re-rental.

7. I/We understand that the security deposit is not considered a rent payment.

8. Notification of a successful Re-rental will be mailed to the addresses provided above. This notification will be the closing financial statement of the account along with any applicable refund. This correspondence will be sent 45 days from the lease's expiration. Residents requesting more prompt notification of the Re-rental status are welcome to phone the Welcome Center to inquire at anytime.

Resident Signature(s): _____

Date: _____

Guarantor Signature(s): _____

Date: _____

Owner's Agent _____ Date _____