

Lease Alteration - Security Deposit Waiver

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|-----------------------|-----------------|
| Building Name: | Apt. Nr. |
| Address: | Res. Nr. |

In accordance with the terms and conditions of the lease agreement dated _____, effective _____, the Security Deposit should be placed in the name(s) of:

As the vacating tenant(s), I/we relinquish all rights to the above listed apartment and to the Security Deposit placed on that apartment.

 Vacating Tenant Date

 Vacating Tenant Date

 Vacating Tenant Date

State: _____

County: _____

Appeared before me on this date:

Notary Public **Date**

S E A L

As the remaining/incoming tenant(s), I/we accept full responsibility for the above listed apartment. I/we understand and agree to abide by all terms and conditions of the original lease agreement dated _____, and acknowledge receipt of a copy of said lease and the Rules and Regulations of the building. Furthermore, I/we understand that if the original lessee(s) vacate(s) the above listed apartment prior to expiration of the lease that I/we will be responsible for the balance of the lease term; if the lease term has expired when the original lessee(s) vacates, our rights to possession of these premises shall also terminate.

 Remaining/Incoming Tenant Date

 Property Manager Date

 Remaining/Incoming Tenant Date

 Remaining/Incoming Tenant Date

AMSI Entry: _____

Date: _____