LANDMARK PROPERTIES

INTENT TO REASSIGN FORM

Personal Information

Name: _____

Phone Number: _____

Email: _____

Unit Information:

Floor plan: _____Unit Number/Bedroom: _____

Monthly Installment Amount: _____

Assignment Dates: From: _____ to: **JULY 31st, 2020**

Gender of occupant(s) who will remain in the unit: ___Male ___Female ___Both

This form represents my intent to assign my bed space at _____. I understand that this form does **NOT** guarantee that Landlord will find someone to take over my bed space and that it is my responsibility to find a qualified applicant. I understand that per the Lease Contract there is a $250.00 assignment fee due and payable upon execution of this form. I understand that my account must be in good standing and I am responsible for all Rent, fees, and other charges outlined in the Lease Contract until an approved applicant has completed all necessary paperwork, all fees are submitted to management, management approves the assignment, and the assignment takes occupancy. **Furthermore, I understand that it is my responsibility to clean and prepare my room prior to my reassignment. It is my responsibility to communicate all cosmetic concerns and/or damages to the individual taking over my contract. I do not expect The Standard Atlanta to communicate this on my behalf.**
I understand the following are the conditions of assignment:

1. Prospective applicants must complete a rental application and the applicant must be approved according to Occupancy Guidelines prior to signing a new lease and moving in.
2. The new lease cannot start less than 48 hours from when the unit is vacated & keys turned into the office. Failure to move out or notify the Lessor & office that you have vacated by the start date of the new lease may result in the new lease to be void.
3. New tenant will need to pay: **Security deposit***($100), **Application fee** ($50) and **Administration fee** ($195). **Monthly installment** and **verified utility account via SimpleBills**.

****Self qualifying and international applicants are subject a deposit equal to one monthly installment.***

BY SIGNING THIS FORM I ACKNOWLEDGE THAT COMPLETION OF THIS FORM DOES NOT RELEASE ME FROM THE OBLIGATIONS UNDER THE LEASE. I WILL ONLY BE RELEASED FROM MY LEASE OBLIGATIONS WHEN THE NEW RESIDENT'S LEASE AND ALL NECESSARY PAPERWORK AND FEES ARE SUBMITTED TO MANAGEMENT AND MANAGEMENT APPROVES THE ASSIGNMENT AFTER THE NEW RESIDENT HAS MOVED IN. IN THE EVENT ALL ITEMS ARE NOT COMPLETED, THE LEASE WILL REMAIN MY RESPONSIBILITY.

_____

Current Resident Signature Date

Once you have found an individual to take over your lease, please enter their name and contact information below.

Name: _____

Phone: _____

Email: _____

_____

Incoming Resident Signature Date