Tenant

University Housing Lease Extension/Termination Request

1.	Name of Tenant	
2.	Apartment No.	
3.	Lease Expiration Date:	
4.	Please check () one of the following statements.	
	☐ I request to EXTEND my lease for one year.	
	☐ *I request to TERMINATE my lease on the date it is due to expire.	
	☐ *I request to TERMINATE my lease as of	
	Date *If you give University Housing less than 60 days' notice to vacate, you may charged rent for the full 60 days from receipt of your vacating notice if we unable to fill the vacancy.	y be are
5.	List below the reason(s) you would like to EXTEND your lease.	
	Attach separate sheet if necessary	
6.		
	Printed name of UH employee responsible for lease	
	Signature of UH employee responsible for lease	Date signed
	Please see letter for instructions on returning form and meeting dea	dline dates.
*****	******** Do Not Write Below This Line – UH Use Only *******	*****
	Check choice: Approved to extend to:	
	☐ Approved to vacate on: and pay to	
	University Housing Date	
cc.	Cirrus Asset Management, Inc.	