

Lease Extension Request Form

<u>Attention Residents:</u>	 In order for this form to be processed and approved it must: Be completed in its entirety and signed by all of the original Lease signers The rental account must be in good standing at the time of the request The request must be received in writing, at least 30 days prior to your lease expiration date Extension requests may be granted from a minimum of one (1) month to a maximum of (6) six months only The \$200.00 extension fee must accompany the request
Date:	
Tenant Name(s):	
Home Address:	
Home Telephone #:	Apartment Account Code #:
Dear Management:	

My/our current lease is set to expire and I/we would like to request a lease extension. I/we have completed the Lease Extension Schedule below which details the timeframe for my/our lease extension request.

I/we understand and agree that if I/we do not vacate my apartment by the requested Extension Expiration Date, I/we will be required to fulfill the remainder of my/our original one (1) year Lease Renewal.

Lease Extension Schedule		
Current Lease Expiration Date		
Requested Lease Expiration Date		
Length (# of months of Requested Extension)		

It is my/our understanding that Lease extensions are not guaranteed. In addition, I/we understand that all terms and conditions of our original Lease shall remain in full force and effect during our Lease extension except for any rental discounts. The other exception is that during the Lease extension, the rent shall be the rent stated in the Renewal Notice. No rent discounts or other promotions will be applicable during the Lease extension. Enclosed is a \$200.00 Check made payable to <*The name of Property*> to cover the lease extension fee. I/we understand that this fee will be refunded if this extension request is denied.

Signed:	Signed:
Print Name:	Print Name:

Mail completed request form to: Middlesex Management – Lease Extension Dept. P.O. Box 457, Woodbridge, NJ 07095