

REQUEST FOR LEASE ASSIGNMENT

Please complete and return this form with your subleasing payment to Northern Management, P.O. Box 7792, St. Cloud, MN 56302

Name _____

Complex Name _____

Building & Apartment Number _____

Telephone Number _____

Mobile/Pager Number _____

Email Address _____

I would like management to market and/or re-rent my unit as of _____ 20_____.

The undersigned hereby authorizes management to market my apartment and obtain a prospective application to re-rent my apartment. This request does not guarantee that the unit will be re-rented and the resident understands that they are obligated for the full terms of the original lease. Once the unit is re-rented, the resident will not be able to rescind the subleasing request.

Signature(s) _____

Date _____

SUBLEASING PAYMENT

I am attaching the required subleasing fee made payable to Northern Management.

If the units in the complex are completely occupied, Northern Management may assist the resident in finding a replacement, but only if the Request for Lease Assignment is completed. For such subletting, there will be a charge of 50% of one month's non-discounted rent, or minimum of \$200.

If I am successful in re-renting my unit, I understand the minimum sublease fee to \$200. I furthermore understand that additional fees may be charged for additional advertising costs that the management company incurred.

Undiscounted Rent: _____

X _____ 50%

Subleasing Fee: _____

Date: _____