

**LEASE ASSIGNMENT FORM**



**MERIDIAN GROUP** Real Estate Management Inc.  
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ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

TERMINATING LESSEE: \_\_\_\_\_ NEW LESSEE: \_\_\_\_\_

CURRENT KEY PERSON: \_\_\_\_\_ NEW KEY PERSON: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ PRESENT LEASE DATED: \_\_\_\_\_ CURRENT LEASE END DATE: \_\_\_\_\_

REMAINING LESSEES: \_\_\_\_\_

**ACKNOWLEDGEMENT AND APPROVAL OF NEW LESSEE, KEY PERSON ASSIGNMENT, ACCOUNT LEDGER, AND CONDITION OF UNIT**

*Per the terms of the Lease Agreement, Terminating Lessee agrees to pay a Lease Assignment Fee of \$250.*

*New and Remaining Lessee(s) agree to accept the unit in its present condition and assume responsibility for expenses incurred for cleaning or damage per the lease agreement.*

*Security Deposit / Prepaid Rents: All transfer of funds shall be done through the New and Terminating lessees.*

*It is the Terminating Lessee's responsibility to see that all funds and signed documents are delivered to Lessor.*

**All parties must sign below to give consent and approval of the changes stated in this form.**

Print Name of <b>TERMINATING</b> Lessee	Signature of <b>TERMINATING</b> Lessee	/ / Date
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<b>TERMINATING LESSEE's</b> Forwarding Address	City & State	( ) - Phone Number
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Print Name of <b>NEW</b> Lessee	Signature of <b>NEW</b> Lessee	/ / Date
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Signature of <b>REMAINING</b> Lessee	Date	Signature of <b>REMAINING</b> Lessee	Date
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Signature of <b>REMAINING</b> Lessee	Date	Signature of <b>REMAINING</b> Lessee	Date
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Signature of <b>REMAINING</b> Lessee	Date	Signature of <b>REMAINING</b> Lessee	Date
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Signature of <b>REMAINING</b> Lessee	Date	Signature of <b>REMAINING</b> Lessee	Date
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WORKSHEET: DESCRIPTION OF CHARGE	CHARGES & FEES:	
	TERMINATING LESSEE	NEW LESSEE
Security Deposit:		
Less Funds for Cleaning or Damages:		
Prepaid, First and/or Last Month's Rent:		
Dates covered:		
Dates covered:		
Prorated / Current Month's Rent:		
# of Days:      \$                      per day		
<b>Total Due:</b>		

<b>FOR OFFICE USE ONLY:</b>	Processed by: _____	Date: _____ / ____ / ____
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