•			<u>]</u>	LEASE ASSI	GNMENT FORM
	GROUP Real Estate Manage				
5290 Overpass Road, Building D • Santa Barbara, CA 93111 P. (805) 692-2500 • F. (805) 692-5020 • <u>meridiangrouprem.com</u>					
1. (005) 052 2500	1. (005) 052 5020 <u>menu</u>	angrouprem.ex	<u>9111</u>		
ADDRESS:				DATE:	
TERMINATING LESSEE:			NEW LESSEE:		
CURRENT KEY PERSON:			NEW KEY PERSON:		
EFFECTIVE DATE:	PRESENT LEASE DATED: CURRENT LEAS			RRENT LEASE EN	D DATE:
REMAINING LESSEES:					
ACKNOWLEDGEMENT AND APPROVAL OF NEW LESSEE, KEY PERSON ASSIGNMENT, ACCOUNT LEDGER,					
SECURITY DEPOSITS 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 between the New and Terminating lessees. Any additional refund will be processed within 21 days of the Terminating Lessee's vacate date.					
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 TERMINATING Lessee Signature of TERMINATING Lessee					/ / Date
		0.8.1444.0.0			() -
TERMINATING LESSEE's F	orwarding Address		City & State		Phone Number
					/ /
Print Name of NEW Lessee Signature of NEW Lessee Date					
	/	/			/ /
Signature of REMAINING	ssee Date		Signature of REMAINING Lessee		Date
	/	/			/ /
Signature of REMAINING	Lessee Date	e	Signature of REMAININ	IG Lessee	Date
	/	/			/ /
Signature of REMAINING	Lessee Date	2	Signature of REMAININ	IG Lessee	Date
Signature of REMAINING	Lessee Date	2	Signature of REMAININ	IG Lessee	/ / Date
WORKSHEET: DESCRI	PTION OF CHARGE		RGES & FEES: NATING LESSEE	Ci	HARGES & FEES: NEW LESSEE
Security Deposit:					
Less Funds for Cleaning or	Damages:				
Prepaid, First and/or Last N	Month's Rent:				
Dates covered:					
Dates covered:					
Prorated / Current Month'					
# of Days: \$ per day					
Total Due:					
FOR OFFICE USE ONLY:	Processed	d by:		Date:	: / /
LEASE ASSIGNMENT FORM 07.20.21.docx					