



14 Seventh Avenue North • St. Cloud, MN 56303 • Phone (320) 656-4118 • Fax (320) 259-4098

ROOMMATE & SECURITY DEPOSIT WAIVER

Date _____
From _____
Address _____

Please accept this notice to you as my written notice that I will be leaving the above listed address on this date _____. I am being replaced by _____ who has applied and been approved by Management. I understand that arrangements for payment of deposits and interest on the on the deposit is a private arrangement between myself and the individual replacing me, and does not involve Management. I hereby release Management from payment of any Security & Damage amount to me.

VACATING RESIDENT DATE

MANAGEMENT REPRESENTATIVE DATE

APARTMENT CONDITION AGREEMENT

As a new resident at the above listed apartment, I accept the apartment in its “as is” condition. I understand that I will be held responsible for any discrepancies between the condition of the apartment from the original move-in inventory and the move-out inventory. I have made whatever arrangements are necessary regarding the condition as it affects the Security & Damage Deposit with the person I am replacing.

NEW RESIDENT DATE

MANAGEMENT REPRESENTATIVE DATE

As resident(s) at the above listed address, I/we will remain in the apartment until proper notice is given. We are aware and agree with the change in residents and both statements above.

RESIDENT DATE RESIDENT DATE

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