

\_\_\_\_\_/\_\_\_\_\_

I FASE ASSIG	SNMENT FORM
Reassignment Effective Date:	
<u> </u>	
Current Resident	
I,my lease at The Courtyards Student Apar	, <b>(TENANT)</b> assign my rights to tments for Building, Apartment
Bedroom to	(NEW a rental refund, security deposit refund or any
other deposit, from The Courtyards Apartments (LANDLORD) and assign any deposit to the NEW RESIDENT. I am responsible for any financial obligations that are due and not fulfilled as of the effective date of this assignment. Any credits on the current resident's account as of the effective reassignment date, will remain with the NEW RESIDENT. I understand that this assignment is not effective unless and until The Courtyards Apartments and NEW RESIDENT accept this assignment in writing and that LANDLORD is under no obligation to approve this assignment, and LANDLORD will not in any way assist in finding a person to be assigned to my lease. This assignment is not effective until I pay a \$ reassignment fee. I understand that the assignment is not complete until both this fee is paid and the new resident is approved under the apartment community's leasing guidelines and takes possession of my bedroom.	
possession of my searcom.	
Current Resident Signature:	Management Representative Signature:
New Resident	
New Resident	
I,	
New Resident Signature:	Management Representative Signature:

\_\_\_\_/\_\_\_\_