

Replacement Lease Request

Lake Campus Housing Villas

Section I

I hereby give permission to Student Services of Wright State University- Lake Campus, Contracting Coordinator, or designee to re-lease my apartment to another party. I also understand and agree that if my apartment is re-leased to another party, I will vacate the apartment within 72 hours of notice. Furthermore, I also understand and agree that unless I provide a written request withdrawing this request before the apartment has been offered to another party, I am no longer permitted to live in the apartment after 72 hours from the time the new agreement has been signed by the new party. ***I understand that requesting to re-lease my apartment does not guarantee that I will be released from my agreement and that future obligations remain my responsibility.*** (ELIGIBILITY FOR REPLACEMENT LEASE PROCESSING IS CONTINGENT UPON FULL OCCUPANCY OR THE EXPRESSED AUTHORIZATION OF THE CONTRACTING COORDINATOR.) I agree and understand that I will be responsible for the rent on my apartment through and including the day a qualified replacement moves into my apartment. This includes a reasonable period of time required by building and grounds staff for maintenance/repairs and cleaning of the unit in preparation for the new incoming resident. Lastly, I agree to make arrangements with the Community Director located in the Student Services area to arrange a check-out date and time, or pay the corresponding charges, for, but not limited to, improper checkout and lock change. **RESIDENTS CURRENTLY RESIDING IN CAMPUS HOUSING, OR BOUND BY A CAMPUS HOUSING AGREEMENT ARE NOT ELIGIBLE TO FULFILL REPLACEMENT LEASE REQUESTS AS REPLACEMENT LEASEES.**

Name: _____

Campus Phone #: (419) 586-_____

Email Address: _____

Type of Apartment: Select one

Forwarding Address: _____

4 Bedroom (Single Room)

4 Bedroom (Double Room)

City: _____

5 Bedroom (Single Room)

State: _____

Apartment/Bedroom: _____

Zip Code: _____

Term wanting replacement for: Select all that apply

Phone #: (____) ____ - _____

Fall Semester

Spring Semester

Reason for Replacement Lease Request: _____

Resident Signature: _____

Date (mm-dd-yy): _____