



501 Sunchase Boulevard * Farmville, Virginia 23901
 (434) 392-7440 * Fax (434) 392-9353
www.sunchase-longwood.com

AUTHORIZATION FOR LEASE TAKEOVER REQUESTED BY RESIDENT

By the lease entered into on _____ between _____ (Resident) and Farmville, LLC for the premises known as _____ Sunchase Blvd, Farmville, VA 23901 for a term of _____ to _____ to perform all conditions and terms set forth in the aforementioned lease agreement.

Resident now authorizes Farmville, LLC to act as Agent, to advertise, show and offer to rent the premises listed above. By signing this agreement, resident indicates intent to vacate the premises on _____. Should the resident occupy the premises at any point, a new lease take over agreement must be signed and additional fees will apply. Finding a person for the takeover does not include current residents who wish to transfer. The takeover request is not a guaranteed replacement for the lease that we do not guarantee we will find someone to takeover or sublet.

Resident hereby acknowledges receipt of the Vacating and Cleaning Guidelines, and agrees to follow all guidelines contained therein in preparation for the new resident. Resident further agrees to pay for any repairs, less reasonable wear and tear as determined by Management, and all cleaning deemed necessary by Farmville, LLC. Sunchase Apartments will perform a move-out inspection after the resident vacates the premises on _____ and perform work necessary as a result of the inspection to prepare apartment for new leaseholder.

Upon signing of this agreement, Resident understands and agrees to pay Farmville, LLC a Lease Takeover fee of \$300.00. It is agreed that this fee is not a rent payment and resident is responsible for monthly rental payments due on the first of each month until the new leaseholder takes possession of the premises. Resident understands and agrees that no efforts to re-rent the premises will be made until a Lease Takeover fee has been paid. In the event that the premises is not re-rented, the Lease Take over fee will be applied to any balance due on the original resident's account. MSC will not refund any portion of the security deposit to Resident being released from Lease Agreement. Further, Resident agrees to relinquish all rights to the security deposit. Resident agrees to bring account balance to \$0 (zero) before name deletion from lease.

For office use only:	Agent Initials _____
Lease Take-over Fee Paid on _____ (date)	
Check # _____ or Money Order # _____ or	
Resident Connect Payment Confirmation # _____	

I further understand and agree that I am obligated for the subject lease and/or bedroom/bathroom, if an individual room lease was signed, until such time that a qualified applicant has received an executed lease and the new resident has taken occupancy or until the term of the subject lease ends, whichever occurs first. I agree to honor to pay, rent or any other sums due and payable under the terms of the lease agreement.

Resident: _____ Date: _____
 Forwarding Address: _____
 Forwarding Phone #: (_____) _____

