



MERIDIANGROUP

5290 Overpass Rd., Bldg. D • Santa Barbara, CA 93111
P. (805) 692-2500 • F. (805) 692-5020 • meridiangrouprem.com

LEASE ASSIGNMENT FORM

ADDRESS: _____ UNIT: _____ DATE: ____ / ____ / ____

TERMINATING LESSEE: _____ NEW LESSEE: _____

CURRENT KEY PERSON: _____ NEW KEY PERSON: _____

LEASE ASSIGNMENT EFFECTIVE DATE: ____ / ____ / ____ PRESENT LEASE DATED: ____ / ____ / ____ LEASE TERM: 1 YR • M/M • OTHER

REMAINING LESSEES: _____

ACKNOWLEDGEMENT AND APPROVAL OF ACCOUNT LEDGER AND NEW KEY PERSON - All parties must initial below:

--	--	--	--	--	--	--	--	--	--

The New Lessee agrees to accept the apartment in its present condition and assume responsibility for expenses incurred for cleaning or damage per the lease agreement, except those itemized and charged below.

Deposits/Pre-Paid Rents: All transfer of funds shall be done through the Lessor. Upon Lessor's receipt from new Lessee, Lessor shall remit to the terminating lessee as follows:

DESCRIPTION OF CHARGE	TERMINATING LESSEE	NEW LESSEE	Initial Below IF done between roommates
Security Deposit:			
Less Funds for Cleaning or Damages:			
Prepaid, First and/or Last Month's Rent:			
Dates covered:			
Dates covered:			
Prorated / Current Month's Rent:			
# of Days: \$ per day			
# of Days: \$ per day			
Assignment Fee	-\$250.00		
Total Due			

NOTE: It is the terminating Lessee's responsibility to see that all funds and signed documents are delivered to Lessor. Terminating Lessee hereby agrees to the above statement.

Signature of NEW Lessee _____ Date _____ Date of Birth _____ Driver's License Number _____ DL State _____

Permanent Street Address _____ City & State _____ Phone Number () - _____

We, the REMAINING LESSEES, hereby agree to the above:

Signature _____ Date ____ / ____ / ____ Signature _____ Date ____ / ____ / ____

Signature _____ Date ____ / ____ / ____ Signature _____ Date ____ / ____ / ____

Signature _____ Date ____ / ____ / ____ Signature _____ Date ____ / ____ / ____

FOR OFFICE USE ONLY:			
Received From:		Received By:	
			Date: ____ / ____ / ____
Payment Type (please check one):	Online / TWA	Check #	Money Order #
Processed by:		Date: ____ / ____ / ____	Other: