RELEASE FORM

I, _____, the current tenant at _____

signed a lease on _____for the dates _____through _____.

Now, I have made the decision to terminate my lease prior to its expiration.

I have met with Leslie & Associates, Inc., and have agreed to the following terms that will release me from legal responsibility for the above named property prior to the expiration of the term of my lease PROVIDED LESLIE & ASSOCIATES, INC., IS ABLE TO RE-LEASE THE PROPERTY PRIOR TO THE EXPIRATION OF MY LEASE:

1) **I will continue to pay my monthly rent in full (unless otherwise agreed upon in this document) until the property is re-rented.**

2) **I will pay for classified advertising expense incurred for re-renting the above named property.**

3) **I will continue to pay all utilities as outlined in my lease.**

4) **I will continue to abide by all rules and regulations regarding the use of the above named property as outlined in my lease.**

5) **I will leave the above named property clean (including range, refrigerator, floors, bathrooms, etc.) or I will pay for the cleaning expense.**

6) **I will cooperate fully when an appointment is requested by Leslie & Associates, Inc. to show a potential new tenant the above named property.**

7) **I will be responsible for payment of any repair for any major damage or minor cosmetic repairs to above named property that occurred during my tenancy.**

8) **I will return any and all keys promptly upon move out.**

I HAVE READ THE ABOVE AGREEMENT AND UNDERSTAND IT. NO OTHER UNDERSTANDINGS HAVE BEEN AGREED UPON OR IMPLIED IN ANY CONVERSATION. I HAVE RECEIVED A COPY OF THIS AGREEMENT FOR MY PERSONAL RECORDS.

EARLIEST DATE TENANT WILL MAKE APARTMENT AVAILABLE FOR RELEASING.

_____
(Date)

_____ _____
Tenant Date Tenant Date

_____
Tom Leslie, President - Leslie & Associates, Inc. Date

Forwarding address for security deposit refund: (provided all above terms have been fulfilled)

_____

_____

_____**Phone**_____

***any and all changes made to this document must be initialized by both parties.**