

LEASE RENEWAL

Address:

Tenant(s) Name:

Dear Resident:

Your lease will expire on _____ . We have been and continue to be pleased to have you as a resident, and in consideration of your continued residency, we would like to offer you a lease renewal as follows (You must contact the office before signing this paper to verify any rental increase to be applied. Failure to do so will result in denial of the lease renewal being accepted):

(Please check appropriate response):

_____ until _____ . (6 months)
First day of the month (i.e. 12-1) Last day of 6 months (i.e. 5-31)

_____ until _____ . (1 year)
First day of the month (i.e. 12-1) Last day of 1 year (i.e. 11-30)

_____ (write lease term in space provided)

No, I do not wish to renew my lease. Please consider this my 30-day written notice to move out before _____ .
Last day of the month for which you are staying (i.e. 11-30 or 12-31 and must be last calendar day of the month).

PLEASE REMEMBER THAT THIS RENEWAL IS DUE IN THE OFFICE NO LATER THAN the last day of the month PRIOR to your lease termination (in order to fulfill your full 30-day written notice. This renewal will be placed with your original lease. All other terms and conditions of your existing lease will remain the same. If you have any questions, please either come by the office or call 346-4789 upon receipt of this renewal.

Kindest Regards,

Maurice Vanegas

Owner, West Chimes Place, LLC

Tenant	Date	Tenant	Date
Tenant	Date	Tenant	Date
Landlord/Management	Date	Landlord/Management	Date