

Cheney Real Estate Management, Inc.

1827 First St., Cheney, WA 99004 ~ (509) 235-5000 ~ FAX 235-5018

SUBSTITUTION OF TENANT REQUEST - APARTMENT

Date: _____

I/We request that substitute tenants acceptable to management be allowed to rent our apartment. I/We plan to vacate apartment # _____ at _____, Cheney, WA on _____, 200_____.

As required by the lease agreement, I/we will pay rent and utilities until the new substitute tenant(s) have completed a check-in or until my/our lease expires.

In the event I/we are not available to show the apartment to prospective tenants, a representative of Cheney Real Estate Management, Inc. or the Resident Caretaker has my/our permission to show the apartment during daylight hours. I/we agree to keep the apartment in showable condition at all times.

Should I/we vacate the unit prior to an acceptable substitute tenant being found I/we authorize Cheney Real Estate Management to take whatever steps they deem necessary including, but not limited to, advertising or furnishing the unit.

I/We understand that I/we will be charged a \$300.00 substitution of tenant fee. *I/We understand that this fee is due when an acceptable substitute has signed the lease and made their security deposit.* I/We agree to contact management staff weekly at 235-5000 as to the progress of this request.

If all current tenants are leaving, move-out must be early enough to allow 5 business days for cleaning and repairs of the apartment before the substitute tenant(s) moves in.

Whose name is on the City of Cheney utility account?: _____

Lessee: _____

Name Printed

Leaving Staying

Forwarding address & phone:

Street Address

City State Zip

Telephone #

X _____

Signature

Lessee: _____

Name Printed

Leaving Staying

Forwarding address & phone:

Street Address

City State Zip

Telephone #

X _____

Signature

Lessee: _____

Name Printed

Leaving Staying

Forwarding address & phone:

Street Address

City State Zip

Telephone #

X _____

Signature

Lessee: _____

Name Printed

Leaving Staying

Forwarding address & phone:

Street Address

City State Zip

Telephone #

X _____

Signature