



FULL-TIME STUDENT STATUS ADDENDUM

THIS ADDENDUM IS TO CONFIRM FULL-TIME STUDENT STATUS AT:

Name of Institution

Address of Institution

Semester

Year

_____, Wheeling, IL 60090

Building #

Apt #

I, _____, agree to provide verification that I am a full-time student at the end of each lease term, which is every six months. I agree that if I am not a full time student that I will no longer be approved to have a co-signer on my lease agreement and that I will have to qualify for the apartment independently.

The below credit card will be charged if rent is not paid by the 5th of the month. This charge will include the monthly rent plus a 3% processing fee.

Type

Card #

Exp Date

Billing Zip Code

Lessee

Date

Lessee

Date

Occupant

Date

Occupant

Date

Shelly DeHart- Property Manager

Date