



LEASE REVISION REQUEST

This request serves the sole purpose for revising the Lease Agreement if the Lessee is currently under a short-term lease with the \$150 monthly premium fee and would like to sign a long-term lease with no premium fee. This option is not available for any other lease terms.

If the Lessee would like to proceed with the request to revise the Lease Agreement (referred to as a "lease revision" in the balance of this document), the following policies, forms and fees will apply:

1. No revisions shall be made 60 days prior to the lease expiration date.
2. Only one (1) Lease Revision Request may be submitted during the original lease term. A lease revision may however be made in addition to this request if a roommate's name needs to be added or removed, or a revision is needed due to a sublease.
3. Any lease revisions will require a \$75 lease revision fee, and is due with the submission of this form.
4. The Lessee must be able to sign the current "move-in" long-term lease options available or the short-term lease options as seen on the Unit Pricing Sheet. See the lease expiration options on the Move-In Specials Handout.
5. No move-in or originally offered renewal specials will apply to this revision request.
6. The revised lease will commence on the first day after the previous lease's end-date. No credits or reimbursements of the short-term lease fee paid through the lease-end date.
7. Upon acceptance and approval, a revised lease must be signed by all Leaseholders.
8. The \$75 revision fee is non-refundable for any cancellation after this form is submitted.

I/We of Building # _____ Unit # _____ would like to request a Lease Revision and agree to the terms and conditions as stated above. My/our new lease shall expire on _____, as specified by the current lease expiration date offered on the **(circle one) Move-In Specials Handout** or the **Unit Pricing Sheet**.

Signature of Leaseholder Date

Signature of Leaseholder Date

For Office Use Only

DATE RECEIVED BY ML MANAGEMENT _____ FAXED DROP BOX GAVE IN PERSON ML INITIALS _____

REVISION FEE PAID: \$75 CHECK # _____ DATE: _____