



EXTENSION REQUEST

Date: _____ RC: _____

Apartment #: _____ Size: _____ Phone #: _____

Resident: _____

Current Lease Ending Date: _____

Length of Residency: _____

Extension Date Requested: _____

Reason for Extension: _____

Please initial each of the following items:

- _____ 1. Lease extensions are granted on a first-come, first-served basis.
- _____ 2. Lease extensions are never guaranteed. Extensions may be denied.
- _____ 3. Decisions for extensions will only be made by the Area Manager.
- _____ 4. No discounts on rent will be given on extension leases. The rental rate will be the current street/market rate.
- _____ 5. Consecutive extensions may not be approved.
- _____ 6. Extension requests must be submitted prior to your renewal/vacate deadline. Please refer to your lease agreement or the Resident Information & Policy Handbook (copy available at FoxridgeLiving.com) for more information on notification deadlines.
- _____ 7. If an extension lease of less than 120-days is approved, a Notice of Vacate must be signed in conjunction with the Extension Lease Agreement.
- _____ 8. This extension request is not binding. A signed Extension Lease Agreement is a binding document.

Resident(s): _____ Date: _____

Owner's Agent: _____ Date: _____

Copy for file _____
 Copy to Mgr. _____
 Copy to Shantel _____

Area Manager's Decision: _____

