

Contemplated Lease Terms

			Date:
			Address:
			Agent/RC:
Name of all Residents on Lease C	ontract:		
Name of Owner:			
Property code and type of dwelli	ng:		
Complete Street Address:			
City, State, Zip:			
Name of all Occupants:			
Total number of residents and	l occupants (make sur	e follows city or	dinance and occupancy of UR):
# days Guests Staying: 2			
Beginning Date of Lease Contrac			
End Date of Lease Contract:			
Number of Days for Termination	· 		
Security Deposit:			
Reletting Fee:			
Pets Allowed: ☐ YES ☐ NO	□ Stipulations:		
Animal Deposit (if applicable and			
Rent Rate:			
Pro-rated Rent Amount:			
# of keys/access devices:		garage d	loor,access code
Security deposit reconciliation te			
 One check payable to all 			
□ One check payable to:			
Owner responsible for: \square lawn/plant maintenance, \square irrigation, \square trash, \square pest control, \square water,			
□ electric, □ sewer, □ gas, □ inte			
Washer/Dryer Included: □ Yes □ No Upsell: □ Lawn care □ Washer/dryer			
Summer Cycle: □ Yes □ No			
Lease Type: □ Residential	□ Apartment □ Ste	rling Heights	
HOA: ☐ Yes ☐ No ☐ Unknow	wn		
Special Provisions:			
Addendums:			
□ Bed Bug	□ Add'l Special Provisions		ntrusion Alarm
□ Mold	□ Util Submetering- Ga		Access Control Devices
□ Security Guidelines	☐ Util Submetering- Ele	ectricity \square S	Satellite Addendum
□ United Realty Lease Policy	□ Util Submetering- Water		Rent Concession
$\hfill\Box$ Inventory and Condition Form	n 🗆 Washing Machine		Animal Addendum
□ Lease Guaranty	□ Enclosed Garage		Asst/Service Animal
□ Lead	□ Legal Description	□ F	Flood Disclosure
Application Packet:			
Application		Full Time Stu	udent Verification
Approved Offer Form (if applicable)		Full Time Student Verification Employment Verification (3 months' pay stubs)	
Photo ID		Guarantor Form	
Application Fee Paid		Guarantor Application Fee	
Security Deposit		Pet Screening Questionnaire	
Qualifications, Brokerage Info		Pet Shot Records	
Pet Deposit		Pet Acknowledgement Form	
Agent Invoice	-	Sublease Fo	rm
Desident City		Davida vet	
Resident Signature:		Resident Signature:	
Date:		Date:	
Resident Signature:		Resident Signature:	
Date:		Date:	