HEATH PROPERTIES *no-fee rentals*

# ·· Deposit Transfer Authorization Form ··

Please type in your information below or print the form as it is and fill it in by hand. Once signed, you can submit the form by mail, fax or drop it off to our office.

Address: _____

I/We _____ hereby allocate all deposits including last months rent, security deposit, key deposit and any interest accrued there-on to

_____

I/We _____ accept the terms and conditions of the lease contract from September 1, 20 ____ to August 31, 20 ____ .

I/We further accept the condition of the apartment "as is" as if I moved into the premises on the commencement date of the lease previous lease. I/We understand that I/we will be held liable for any damages to the apartment, costs, constable notices, late fee's, fines and physical damage.

All correspondence and security deposits are returned to the person named first on the lease.
*The first name should remain the same unless that person is moving.*

The above parties agree to change the first name on the lease to: _____

Signature(s)_____

_____

_____

_____

74 Clarendon Street, Suite A, Boston, Ma, 02116 | Tel: **617.266.1168** | Fax: 617.425.0677