



ROOMMATE RELEASE AGREEMENT

Date: _____

Apt #: _____

Resident Names: _____

I _____ am moving out of Apartment # _____
Effective _____. I hereby relinquish all claims to the above apartment and wish
to have my name removed from the lease agreement. I do understand that all remaining
roommates must agree to this action. This Release will not be effective until I have returned all
keys to the apartment to the leasing staff and agree to relinquish all deposits that may be
refunded in the future.

Resident Name Resident Signature

I/We agree to release _____ from the lease agreement for
apartment# _____ effective _____.

I/We also agree to release the above roommate from any responsibility for any damages that
may be in our apartment.

Resident Name (print) Resident Signature

Resident Name (print) Resident Signature

Resident Name (print) Resident Signature

Resident Name (print) Resident Signature

Authorized Agent Signature Date

****Form must be filled out in leasing office, and signed by residents in front of an authorized
Homestead U Agent***

