



Lease Extension Request Form

Attention Residents:

In order for this form to be processed and approved it must:

- **Be completed in its entirety and signed by all of the original Lease signers**
- **The rental account must be in good standing at the time of the request**
- **The request must be received in writing, a minimum of 30 days prior to your lease expiration date**
- **Extension requests may be granted for a minimum of one month to a maximum of six months only**
- **The \$200.00 extension fee must accompany the request**

Date: _____

Tenant Name(s): _____

Home Address: _____

Home Telephone #: _____

Dear Management:

My (our) current lease is set to expire and I (we) would like to request a lease extension. I (we) have completed the Lease Extension Schedule below which details the timeframe of my (our) lease extension request.

Lease Extension Schedule	
Current Lease Expiration Date	_____
Requested Lease Expiration Date	_____
Length (# of months of Requested Extension)	_____

It is my (our) understanding that lease extensions are not guaranteed. In addition, I (we) understand that all terms and conditions of my (our) original lease shall remain in full force and effect during my (our) lease extension unless otherwise specified by the Landlord at the time my (our) extension is granted. Enclosed with this form is a \$200.00 Check made payable to <Vj g'pco g'qh'r tqr gt v{> (The same as you pay your rent to each month) to cover the lease extension fee. We will respond to your request in writing to confirm the results of our review. I (we) understand that this fee is refunded if my extension is denied.

Signed: _____

Signed: _____

Print Name: _____

Print Name: _____

Mail completed request form to:

**Middlesex Management – Lease Extension Dept.
P.O. Box 457, Woodbridge, NJ 07095**