



Lease Extension Request Form

Attention Tenants: In order for this form to be processed it must:

- Be completed in its entirety
- Be signed by all of the original lease signers
- Contain a \$200 check payable to the name of your complex
- Mail to: Middlesex Management – Lease Extension Dept.
P.O. Box 457
Woodbridge, NJ 07095

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 check made payable to my complex to cover the lease extension fee. I (we) understand that this fee is refunded if my extension is denied.

Signed: _____

Signed: _____

Print Name: _____

Print Name: _____