



Roommate Release Form

I _____ do hereby release my roommate _____ from any responsibility for apartment # _____ effective _____.

I understand that I am assuming all responsibility for the said apartment.

It is understood that the deposit will be returned to _____ upon 30 days moveout date.

Sign _____

Date _____.

Sign _____

Date _____.

Sign _____

Date _____.

Management approval: _____.

Date _____

2345 Cobb Parkway Smyrna, Georgia 30080

Phone: (770)-952-0821 Fax: (770)-952-1167



Roommate Authorization Form

Date:_____.

Apt#:_____.

Current name(s) on lease: _____.

I _____ do hereby authorize _____ to take over my current lease at apartment _____, beginning _____.

The security deposit shall be returned to _____ upon 30 days moveout.

Current residents signature:_____.

New resident to be added:_____.(signature)

Management approval:_____Date:_____.

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