



10255 42nd Ave
Allendale, MI 49401
(616) 895-6678

Full Deposit Leasing & Administrative/Activity Fee Requirement

Property: «Property_Name»
Unit: «Floor_Plan_Name» «unit_number»

I **Resident Name** understand that by signing this lease I am entering into an agreement to pay all charges, fees and rent due under the lease for the full rental term.

Lease Term Beginning: __/__/201__ Ending: __/__/201__ (at noon)

Number of Payments: «lease length months» Monthly Rent Payments of: \$«base rent»

Total Lease Term: **\$Lease Total \$**

Fees: Activity Fee \$350 (2018-2019) - Minimum Required Security Deposit \$300

Activity Fee is non-refundable/non-transferrable - Security Deposit refunded within 30 days of move out when applicable

I **Resident Name** understand that Campus View will hold the unit for which I have paid a partial administrative/activity fee (the "Fees") until __/__/201__ (the "Due Date"). Upon this date, I understand that the remaining balance of Fees and Deposit is due.

After the Due Date, if the remaining balance of the Fees and Deposit is not PAID IN FULL, I hereby authorize Campus View to attempt re-letting the unit on my behalf. Until the unit is re-let, I am not absolved of my responsibility to the lease agreement.

I understand that when the unit is re-let I forfeit all fees paid and or due, and there will be a \$300 lease change fee charged against the deposit.

Applicant Information:

Name: **Resident Name**

Date of Birth: __/__/201__

Email: **Resident Email**

Unit #: **Unit Number**

Floor Plan: **Floor Plan**

Contact Phone: **Phone Number**

Leasing Fee's Requirement

Activity/Administrative Fee: **\$350.00**

Total Security Deposit: **\$350.00**

Due Date: __/__/201__

Total Balance Due: **\$550.00**

Payment Information:

Amount Paid: **\$100.00**

Date: __/__/201__

Payment Type: **Check, Cash, eCheck, Visa, MasterCard or Discover Card**

Remaining Balance Fee's & Security Deposit: Due Date: __/__/201__

Remaning Balance Due: \$550.00