



APARTMENTS ♦ MINI STORAGE ♦ COMMERCIAL

85 Birchwood Lane ♦ Crossville, TN 38555 ♦ Phone 931.484.0809 ♦ Fax 931.787.1154

TRANSFER REQUEST

RESIDENT(S) NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

BEST DAYTIME NUMBER TO CALL: \_\_\_\_\_

REASON FOR TRANSFER: \_\_\_\_\_

I WISH TO MOVE TO: \_\_\_\_\_

TRANSFER POLICY

Residents requesting a transfer must meet the following criteria to be eligible for transfer consideration.

TRANSFERRING FROM:

- 1. Resident must be paid in full for the premises they currently occupy.
2. Resident must have a history of paying rent in a timely manner.
3. Leasing Specialist to inspect the apartment Resident currently occupies to determine if Resident takes care of the apartment in a manner which would allow the transfer request to be approved.
4. Resident will be charged in accordance with the terms of the lease for the apartment currently occupied for carpet cleaning, interior cleaning and possibly painting costs. Additional amounts may be charged.
5. A portion of the pet fee paid by resident may qualify for transfer however a deduction will be made for pest control service and damages.
6. A move out report detailing charges assessed resident's security deposit and pet fee will be sent within 30 - 45 days of vacate.

TRANSFERRING TO:

- 1. Resident to pay FULL security deposit normally required for the new apartment prior to move in.
2. Resident may bring their account current (if appropriate) after receipt of move out report.
3. Resident will be responsible for payment of utility company transfer fees to establish new service at the apartment they wish to transfer to and MUST provide utility verifications for new apartment prior to keys being released.
4. Resident will not be charged a transfer fee if current lease terms are month to month, otherwise Resident will be required to pay a \$100 Transfer Fee.

RESIDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RESIDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

UNIT INSPECTION CONDUCTED ON: \_\_\_\_\_ BY: \_\_\_\_\_ (PHOTOS TAKEN? \_\_\_\_\_)

- checkbox Pet In Premises? \_\_\_\_\_ Pet Damage? \_\_\_\_\_
checkbox Carpet/Flooring? \_\_\_\_\_
checkbox Cleanliness? \_\_\_\_\_
checkbox Walls/Paint? \_\_\_\_\_
checkbox Doors? \_\_\_\_\_
checkbox Appliances? \_\_\_\_\_

APPROVED?: \_\_\_\_\_ DENIED?: \_\_\_\_\_ REASON: \_\_\_\_\_

BY GPM REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_