Maybrook Management

184 SOUTH LIVINGSTON AVENUE * SUITE 9-321 * LIVINGSTON NJ, 07039

PH: 973-327-0100

Legal Name Change Form

Dear Tenant,

Please complete this form in its entirety when your name has legally been changed, and needs to be updated on your lease.

CHANGING YOUR NAME - PROCEDURES:

- Rental account must be current
- This form must be completed in its entirety and signed by original Leaseholder(s).
- Copy of your new Driver's License with new updated name
- Copy of your new Social Security Card (This applies to Lease Holders) with new updated name
- Copy of Divorce documents (if applicable)
- Copy of Court Affidavit (if applicable)
- Birth Certificate will be required to correct date of birth and/or name (if applicable)
- Email completed packet to <u>customerservice@maybrookmgmt.com</u> or mail completed packet to: Maybrook Management Attn: Leasing Department / Leaseholder Update 184 South Livingston Avenue Suite 9-321 Livingston, NJ 07039

| Date: | Tenant Name(s): |
|-------|-----------------|
| | |

Cell Phone #: _____ Apartment Address: _____

Please complete Table A with current name on the lease and Table B with new name on the Lease.

| | Current Name on the L | ease |
|---------|-----------------------|------|
| | | |
| | | |
| | | |
| Table B | | |

| Updated / New Name on the Lease | | | | |
|---------------------------------|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |

By signing below, I (we) authorize the Landlord to make the above requested changes to the Lease. In addition, I (we) understand that the request for a legal name change to the lease must first be approved by management in accordance with the procedures detailed above.

| Tenant Signature: | Tenant Signature: |
|-------------------|-------------------|
| Date: | Date: |
| Print Name | Print Name |
| Tenant Signature: | Tenant Signature: |
| Date: | Date: |
| Print Name | Print Name |