

**FLYNN MANAGEMENT CORPORATION
EMPLOYEE ADDENDUM TO LEASE**

Employee Name

Property Name

- A. Upon discontinuance of employment of the resident by Flynn Management Corporation, the **lease shall terminate** and the resident shall have a seven (7) day rent free period to vacate the apartment.
- B. If you fail to vacate at the end of the seven day period, Flynn Management Corporation will begin eviction proceedings in accordance with state law.
 - 1. If you are living in a USDA-RD unit: You will be responsible for double the note rate rent as reflected in the USDA-Rural Development approved budget applicable at your termination date for all time you occupy the unit after termination.
 - 2. If you are living in a conventionally finance unit: You will be responsible for double the full market rate for all time you occupy the unit after termination.
- C. Flynn Management Corporation is specifically authorized to withhold payment of any final amounts due the resident as a result of their employment with Flynn Management Corporation and/or the project until the apartment has been surrendered in the same condition in which the apartment existed at the commencement of the lease, ordinary wear and tear excepted.
- D. Under no circumstances will the resident look towards Flynn Management Corporation or the project to be liable for moving expenses as a result of this lease and this addendum.
- E. Should there be any conflicting language in the lease and this Addendum, the terms of this Addendum shall apply.

RESIDENT OR RESIDENTS

FLYNN MANAGEMENT CORPORATION

Resident Signature

By _____

Date

Date

Resident Signature

Date

**FLYNN MANAGEMENT CORPORATION
EMPLOYEE UTILITY ADDENDUM**

Employee Name

Property Name

Apt. Number

I hereby acknowledge that I have placed all utilities for my apartment in my name and that I am fully responsible for payment of all utility bills for my apartment. I also acknowledge that all deposits have been paid in full by me.

<u>Utility Company</u>	<u>Date Deposit Paid</u>
Power _____	_____
Water _____	_____
Sewer _____	_____
Cable TV _____	_____

RESIDENT OR RESIDENTS:

Date: _____

Date: _____

INSPECTION ACCEPTANCE

Property Name: _____ Resident's Name: _____
 Property Address: _____ Resident's Address: _____

LOCATION OF DAMAGE	MOVE-IN INSPECTION APT. # _____ DATE: _____ <small>Resident accepts responsibility for the condition of above-referenced apartment "AS-IS" with exceptions listed below. This form is made a part of the Lease Agreement for said apartment.</small>	MOVE-OUT INSPECTION APT. # _____ DATE: _____ <small>Inspection to determine extent and <u>estimated</u> charges for any damages, beyond normal wear and tear, to be assessed by Landlord against resident.</small>
Living - Dining	<input type="checkbox"/> OK	\$ _____
Kitchen	<input type="checkbox"/> OK	\$ _____
Halls	<input type="checkbox"/> OK	\$ _____
Bedrooms	<input type="checkbox"/> OK	\$ _____
Bathrooms	<input type="checkbox"/> OK	\$ _____
Outside	<input type="checkbox"/> OK	\$ _____
Other Comments		\$ _____
	<input type="checkbox"/> Apartment Keys Delivered to Resident <input type="checkbox"/> Mailbox Keys Delivered to Resident <input type="checkbox"/> Fire Extinguisher (Charged) <input type="checkbox"/> Smoke Detector Operational (Checked with Resident Present)	<input type="checkbox"/> Apartment Keys Returned <input type="checkbox"/> Mailbox Keys Returned
MOVE-OUT INSTRUCTIONS <small>Move-Out: White to M/O File Yellow to Resident</small>	Move-In Inspection results delivered to Resident prior to occupancy. _____ Date Managing Agent's Signature	Resident acknowledges receipt of foregoing Move-Out Inspection results and accepts Move-Out Inspection report and <u>estimated</u> costs. _____ Date Resident's Signature
	Resident acknowledges: Receipt of foregoing Move-In Inspection results prior to occupancy, right to inspect prior to taking occupancy, and accepts Move-In Inspection report and apartment "AS IS". _____ Date Resident's Signature	_____ Forwarding Address _____ Date Managing Agent's Signature

Resident has received, and understands, the Move-Out Cost Schedule on the back of this form.

NOTE TO RESIDENT: Georgia Law requires that you acknowledge correctness of the Move-In and Move-Out inspection reports by signing same; or, if you disagree, by filing a properly signed written statement of dissent setting forth specifically those items with which you disagree.

MOVE-OUT COST SCHEDULE

Cleaning and Repair Charges

If, prior to moving out, you do not clean the items listed below and leave them in satisfactory working order, the following charges will be deducted from your security deposit or owed to the landlord (owner) if your security deposit is insufficient to cover the charges. You will be charged the listed amount for each instance in which a listed item must be cleaned or repaired. The prices given for the items listed below are average prices only. If landlord (owner) incurs a higher cost for cleaning or repairing an item, you will be responsible for paying the higher cost.

Please note: This is not an all-inclusive list; you can be charged for cleaning or repairing items that are not on the list.

<u>Kitchen Cleaning</u>		<u>Bathroom Cleaning</u>		<u>Miscellaneous</u>	
Oven	30.00	Toilet(s)	10.00 ea	Window Coverings (drapes, blinds)	50.00
Drip Pans	5.00 ea	Tub/Shower(s)	20.00 ea	Carpet Cleaning	100.00
Stove and Vent-A-Hood	10.00	Sinks/Countertops/Cabinets	35.00	Carpet Repairs	100.00
Refrigerator/Freezer	40.00	Vinyl Floor	25.00	Trash Removal	20.00
Dishwasher	10.00			Wallpaper Removal	150.00
Cabinets and Countertops	30.00			Painting	250.00
Pantry	20.00			Vinyl Floors	25.00 ea
Vinyl Floor	25.00			Holes in Wall	75.00 ea

Replacement Charges

If any items are missing or damaged to the point that they must be replaced, you will be charged for the current cost of the item, plus labor and service charges. A representative list of replacement charges is provided below. These are average prices. If landlord (owner) incurs a higher cost for replacing an item, you will be responsible for paying the higher cost.

Please note: This is not an all-inclusive list; you can be charged for the replacement of items that are not on the list.

Window Glass	150.00	Fire Extinguisher (5 lb size)	55.00	Doors	100.00
Window Screens	35.00	Ice Trays	3.00 ea	Light Fixtures	50.00
Screen Door	125.00	Crisper Covers	15.00	Light Bulbs	1.00
Mailbox Keys	25.00	Refrigerator Shelves	30.00	Countertops	250.00
(lost or not returned)		Disposal	65.00	Mini Blinds	150.00
Door Keys	35.00	Mirrors (Bath)	60.00	Sink	75.00
(lost or not returned)					

This form is made part of the "Lease Agreement" as referenced in Section 29 of the "Lease Agreement". Resident acknowledges receipt of form.

Resident's Signature

Date

PART VII - PRELIMINARY CALCULATIONS

25. Adjusted Monthly Income (Line 20 ÷ 12)	a. \$		x .30		= b. \$	0
26. Monthly Income (Line 18.f. ÷ 12)	a. \$	0	x .10		= b. \$	0
				27. Designated Monthly Welfare Shelter Payment	\$	
				28. Highest of Line 25.b., Line 26.b., or Line 27,		0
29. Gross Basic Rent				30. Gross Note Rate Rent		
a. Basic Rent	\$			a. Note Rate Rent	\$	
b. Utility Allowance	\$			b. Utility Allowance	\$	
c. (Line 29.a. + Line 29.b.)	\$	0		c. (Line 30.a. + Line 30.b.)	\$	0

PART VII DETERMINING GROSS TENANT CONTRIBUTION (GTC)

Decision: (check- one)

- A. If tenant receives rental assistance (RA) enter Line 28 on Line 31 below. If Line 28 exceeds Line 29. c. , go to Decision B since this Tenant will not receive RA..
- B. If tenant does *not* receive RA and this project receives Plan II Interest Credit, enter the greater of Line 28 or Line 29. c. , (but not to exceed Line 30.c.) on Line 31 below.
- C. If tenant does *not* receive RA and this project is a Plan I , Full Profit or Labor Housing project complete Lines C.1. thru C.3. and enter Line C.3. on Line 31.

1. Enter Line 30.c.	\$	
2. Add Plan I Surcharge (if any)	\$	
3. Total (enter on Line 31)	\$	

PART IX-DETERMINING NET TENANT CONTRIBUTION (NTC)

31. GTC (From PART VIII)	\$	
32. Utility Allowance (Line 29.b. or Line 30.b.)	\$	
33. Final NTC (Line 31 minus Line 32)	\$	

(Amount Tenant pays Borrower for rent. If Line 33 is negative, Borrower pays the difference to Tenant for utilities.)

PART X - CERTIFICATION BY BORROWER

I certify that the information on this form has been verified as required by federal law and the tenant household

- is eligible to live in the unit, or has been granted ineligible occupancy by RHS.

a. Date Signed <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto; text-align: center;">MM DD YY</div>	b. Signature of Borrower or Borrower's Representative
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