

Roommate Notice of Terminating Residency and Release of Rights to Security Deposit Resident(s) Acceptance of Responsibility

(Building Name)	(Unit number)	(Building Address/Apt.)	
This written notice to terminate residency is effective: _	(Date)	, for the following resident(s):	
Name of departing resident(s)			
Departing Resident(s): I agree to have vacated the premises by the effective dat the rental unit after that date will become the property of I agree that the security deposit is for the unit during the residents they may add to the rental agreement after the future accounting as to its disposition.	of the remaining res e full term of the res	sident(s) and I will make no claim to them. sidency of my roommate(s), and any additional	
Remaining Resident(s): I agree to accept full responsibility for the rent and cond the full term of my residency or the residency of the hou make no claim for damages to the departing resident(s).	sehold member(s)		
Dated in Seattle on this day of, 2	20		
Signature:	Print Na	me:	
Signature:	Print Na	me:	
Signature:	Print Name:		
Signature:	Print Name:		
Bellwether Staff Witness Signature:			
Information to Resident from the Management: If you choose to rescind this notice within 90 days, you responsible household members must sign in approval owill be required to follow Bellwether's lease addition pro-	of rescinding this no		
Notice Rescinded			
This Notice was rescinded onresponsible household members approve to rescind this Security Deposit	(date must be vis Roommate Notice of	within 90 days of Notice). All current lease- of Terminating Tenancy and Release of Rights to	
and agree to allow (name of returning roommate)	to retu	rn to the household as a roommate.	
(name of returning roommate) Signature(s) of all Responsible Household Member(s): _			