

The Holland Family Partnership
891 Willow Drive
Medical Arts Building, Suite 3
Chapel Hill, NC 27514
919-619-0933
www.hollandnc.com
ken@hollandnc.com

Residential Lease – Terms and Conditions:

Date: _____
Lessor: The Holland Family Partnership
Lessee: _____
Lessee: _____
Property: _____

Lease to Begin: _____
Lease to End: _____ (Continuing after that for as long as you like.)
Monthly Rental: _____ \$750.00
Deposit (1): _____ \$750.00
Deposit (2): _____

TERMS AND CONDITIONS

- * **Rent to be paid to The Holland Family Partnership and mailed to 891 Willow Drive, Medical Arts Building, Suite 3, Chapel Hill, NC 27514.**
- * **Utilities MUST be in your name before you move in. Visit our website at www.hollandnc.com for Utility contact information.**
- * Returned checks are subject to a \$25.00 fee.
- * All rent is due on the first day of each month and considered late after the fifth day of each month.
- * Late payments may be subject to a \$25.00 late fee.
- * No pets are allowed in any property.
- * NO SATELLITE DISHES.
- * There will be a \$10.00 fee per key if not returned.
- * **You must give at least 30 days written notice before vacating the premises.**
- * **The Apartment is rented as a unit for the agreed monthly rental amount. If one person moves out, then the entire monthly rental amount is still due. We do not help with finding room mates.**
- * Deposits are refundable after the premises have been vacated, inspected, and all terms and conditions of the lease fulfilled. Any damage or repairs will be deducted from the deposit.
- * By signing this document both parties agree to all terms and conditions as set forth in the lease Document the day and year first above written.

Lessor: The Holland Family Partnership – by _____ Ken Holland, Partner.

Lessee: _____ email _____ Cell # _____
(Signature)

Lessee: _____ email _____ Cell # _____
(Signature)