LIQUID DAMAGE ADDENDUM

DATE:_____

TENANT(S):_____
ADDRESS: _____ UNIT: _____
CITY: _____ STATE: _____ ZIP: _____

[ ] I agree, as provided in the rental agreement to pay $_____(an amount that does not exceed 2 months' rent) as liquidated damages or an early termination fee if I elect to terminate the rental agreement, and the landlord waives the right to seek additional rent beyond the month in which the landlord retakes possession.

[ ] I do not agree to liquidated damages or an early termination fee, and I acknowledge that the landlord may seek damages as provided by law.

_____ _____
Tenant Phone

PREVIEW ONLY

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