

## RESIDENT'S DESIGNATED REPRESENTATIVE

1. APARTMENT ADDRESS: \_\_\_\_\_

2. LEASE CONTRACT DESCRIPTION:

Lease Begin Date: \_\_\_\_\_

Lease End Date: \_\_\_\_\_

In the event of the death of Resident who, at the time of death, was the sole occupant of the premises, or if Management believes that Resident, who is the sole occupant of the premises, is incapacitated and absent from the premises, Management:

Upon Death:

1. Shall notify the Resident's Designated Representative of the death;
2. Shall give the Resident's Designated Representative access to the premises at a reasonable time to remove any personal property from the premises and other personal property of the Resident elsewhere in the common areas of the premises;
3. May require the Resident's Designated Representative to prepare and sign an inventory of the property being removed; and
4. Shall pay the Resident's Designated Representative the Resident's security deposit and unearned rent to which the Resident would have otherwise been entitled under Indiana Code § 32-31-3-12.

Upon Incapacity and absence:

1. Shall notify Resident's Designated Representative of the Resident's possible incapacity;
2. Shall give the Resident's Designated Representative access to the premises at a reasonable time to remove any personal property from the premises and other personal property of the Resident elsewhere in the common areas of the premises;
3. May require the Resident's Designated Representative to prepare and sign an inventory of the property being removed; and
4. Shall pay the Resident's Designated Representative the Resident's security deposit and unearned rent to which the Resident would have otherwise been entitled under Indiana Code § 32-31-3-12.

It is hereby acknowledged that the authority of Resident's Designated Representative to act terminates when;

1. A personal representative has been appointed for the deceased Resident's estate;
2. A Resident's attorney is in fact acting on the living Resident's behalf;
3. A guardian has been appointed for the living incapacitated Resident's property.

In the event of a conflict between the Lease and this Resident Representative Designation, this Resident Representative Designation shall be controlling. This addendum is made a part of the Lease.

The Resident can update their Tenant Representative at any point during their Lease contract by contacting the Leasing Office and filling out a new Resident Designated Representative form.

**I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS RESIDENT'S REPRESENTATIVE DESIGNATION AND HAVE RECEIVED A COPY.**

---

**Resident**

---

**Date**

Resident's Designated Representative Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

---

**Resident**

---

**Date**

Resident's Designated Representative Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

---

**Resident**

---

**Date**

Resident's Designated Representative Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

---

**Resident**

---

**Date**

Resident's Designated Representative Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

---

**Resident**

---

**Date**

Resident's Designated Representative Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

---

**Resident**

---

**Date**

Resident's Designated Representative Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_