Commonwealth Real Estate Services

18150 SW Boones Ferry Road Portland, OR 97224 (503) 244-2300 (503) 768-4660 Fax

ADDENDUM TO THE RENTAL/LEASE AGREEMENT FOR **AGE 55 OR OLDER COMMUNITIES**

FORM 26B

DATE:	COMMUNITY NAME	:		
TENANT NAME:				
TENANTADDRESS:		SPACE #:		
CITY:		STATE: Oregon	ZIP:	
MAILING ADDRESS	S if different than above:			
CITY:		STATE:	ZIP:	
of	, 20	, by	ered into this day	
as Tenant(s), rentin	g lot number at _		as Landlord	
amended 42 104-76, 109 "CERTIFICA MANUFACT	under the Fair Housing Act (U.S.C. 3601-3619) and the H Stat. 787)." TION OF AGE 55 OR URED HOME AND LOT. I	Title VIII of the Civil Right lousing for Older Persons A OLDER PERSON O certify as the Tenant(s)	ts Act of 1968, as Act of 1995 (Rule L CCUPYING THE that I am at least	
			e or older." nall remain in effect and be full	
		DAY OF	, 20	
			e:	
TENANT:		Dat	Date:	
LANDLORD:		Dat	Date:	