## **Commonwealth Real Estate Services**

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

## TEMPORARY OCCUPANT AGREEMENT

FORM 42

DATE:	COMMUNITY NAME:				
RESIDENT NAME:					
RESIDENT ADDRESS:		SPACE #:			
CITY:		STATE:	Oregon	ZIP:	
MAILING ADDRESS if differen	t than above:				
CITY:		STATE:		ZIP:	
TEMPORARY OCCUPANT NA	AME:				
BEGINNING DATE: ENDING DATE:					
REASON FOR TEMPORARY	OCCUPANCY:				
under the Landlord-Tenant Ac understood and agreed upon Temporary Occupant for the relationship. It is agreed that Community Management's righ The Temporary Occupant sha Management makes no promisin this agreement. This agree Occupant.	by all parties that accept benefit of the Resident(s acceptance of rent from t to terminate the tenancy p all be permitted to stay of ses or representation of a	ance of rent ) shall not, i Temporary ( pursuant to Or only for the I ny renewal o	by Communitin any way, concupant shall regon Law.  ength of this rextension be	y Managemer reate a Landl not constitute agreement. ( yond the date	nt from the lord-Tenant e waiver of Community as specified
The Temporary Occupant acking Community. No Temporary O above has vacated the premise	ccupant can reside in the	Community i	f the owner of		
Permission for temporary occu Regulations or Oregon Law. peacefully vacate. It is under Failure to comply may jeopardi	If permission is revoked erstood that refusal to var	, Temporary cate will res	Occupant agi ult in him/her	rees to immed	diately and
Resident:			Dat	te:	
Resident:			Dat	te:	
Temporary Occupant:			Dat	te:	
Landlord/Agent:			Dat	te:	