

# SUBLET APPLICATION

Office of Housing Services  
Bard Hall, 50 Haven Ave., New York, NY 10032  
212.305.4357 option 2  
cumc.housing@columbia.edu

## INSTRUCTIONS

1. Before completing this form, please review your eligibility and requirements on our website: [cuimc.columbia.edu/housing/subletting](http://cuimc.columbia.edu/housing/subletting)
2. Submit the following to the Office of Housing Services **at least 30 days before** the requested sublet date:
  - This form, with all required signatures
  - Copy of your CUIMC ID
  - Copy of the proposed subtenant's identification, such as a state ID or passport
  - Letter from the proposed subtenant's CUIMC department confirming his or her affiliation, along with start and end dates of that affiliation (e.g. enrollment and graduation dates)
3. You will receive confirmation or rejection of the application within 7 business days after receipt. Please note, incomplete applications cannot be accepted.

## PRIMARY TENANT INFORMATION

Name: \_\_\_\_\_  
Last First Middle

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

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

### University Affiliation:

- Full-Time Student  
 Other: \_\_\_\_\_

CUIMC School/Department: \_\_\_\_\_

Expected Graduation: \_\_\_\_\_

### Campus Address:

- Tower 1, 60 Haven Ave., Apt. # \_\_\_\_\_  154 Haven Ave., Apt. # \_\_\_\_\_  
 Tower 2, 100 Haven Ave., Apt. # \_\_\_\_\_  390 Ft. Washington Ave., Apt. # \_\_\_\_\_  
 Tower 3, 100 Haven Ave., Apt. # \_\_\_\_\_

### Type of Lease:

- Sole  
 Multiple Occupancy (furnished apartments)  
 Joint and Several Lease (unfurnished apartment shares)

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## PRIMARY TENANT INFORMATION (CONTINUED)

**Reason for sublet:** (Check one.)

**Summer or intercession vacation**

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

**Approved academic fieldwork or research outside the metropolitan area**

Fieldwork/research description:

\_\_\_\_\_

Location: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SUBTENANT INFORMATION

Name: \_\_\_\_\_  
Last First Middle

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

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

**University Affiliation:**

Visiting Student

Other: \_\_\_\_\_

**CUIMC School/Department:** \_\_\_\_\_

**Dates of Sublet:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Primary Tenant's Present Monthly Rental Amount:** \$ \_\_\_\_\_

**Proposed Subtenant's Monthly Rental Amount\*:** \$ \_\_\_\_\_

\*This amount cannot exceed the current monthly rate by more than 10 percent.

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## AUTHORIZATIONS

### Primary Tenant (tenant requesting permission to sublet)

I confirm that the information provided in this application is correct. I request that the individual listed be given permission to sublet my residential unit.

\_\_\_\_\_  
Signature Date

### Co-Tenants/Roommates (where applicable)

We have been consulted regarding this request to sublet and accept the proposed subtenant listed above.

1. \_\_\_\_\_  
Print Name Signature Date

2. \_\_\_\_\_  
Print Name Signature Date

3. \_\_\_\_\_  
Print Name Signature Date

### Proposed Subtenant

I confirm that the information provided is correct and I have met with all the above parties regarding this request to sublet.

\_\_\_\_\_  
Signature Date

## FOR OFFICE USE ONLY

- Verification of Primary Tenant     Affiliation     Arrears  
 Verification of Subtenant     Affiliation

Approval: \_\_\_\_\_ Date: \_\_\_\_\_