

**Columbia University  
University Apartment Housing (UAH)  
Off-Campus Housing Assistance (OCHA) Office  
419 West 119th Street, Lower Level, New York, NY 10027  
Tel: 212-854-2773**

**STUDENT TENANT APPLICATION FOR PERMISSION TO SUBLET**

Dear Student Tenant:

Attached is an application for permission to sublet the apartment you currently lease from the University. Although we encourage you to sublet to a CU affiliate, your application will not be denied if you are unable to do so. Please submit the completed application to the OCHA office. If you have any questions, contact OCHA by email at [ocha@columbia.edu](mailto:ocha@columbia.edu) or call 212-854-2773.

Please note the following requirements:

- 1) Approval of an application will be granted only for the following reasons: a) approved academic field work or research outside the metropolitan area; or b) summer or intersession vacation.
- 2) Summer sublets will be processed once lease renewal forms have been signed and returned.
- 3) If your rent is not fully paid, the application will not be processed until the full amount due is remitted.
- 4) A student in an apartment share/dormitory-style accommodation may sublet **only** to someone of the same gender. No exceptions can be made to this policy.
- 5) You must retain your status as a full-time affiliate and return to the apartment for a minimum of one semester at the expiration of your approved sublet. Your subtenant has no independent rights to the unit and will not be permitted to retain the apartment beyond the term of the sublet period.

Required Document Check List. The following documents must be submitted. Incomplete applications will not be processed.

- Three page sublet application completed by you and your subtenant. For your records, make copies of the application before submitting it.
- A passport-size photo of the **subtenant** with his/her name written on the reverse side (or photos, if the unit is for a couple or family).
- Documentation of affiliation: a) if your subtenant is a CU affiliate, he/she must submit documentation of CU affiliation such as a CU identification with a legible photo; b) if your subtenant is not a CU affiliate, he/she must submit documentation of other university affiliation or current employment such as a letter of reference from an employer or a current identification from an academic institution.
- If you are subletting during the academic year, the "Student Sublet Request Verification" form must be completed and signed by your School's designated housing liaison.
- Optional submission of the "Request for Direct Payment by Subtenant to the University" if you authorize the subtenant to pay rent directly to the Controller's Office. We suggest that you periodically check the status of your rental account with the Controller's Office at 212-854-1009. If your rent is billed by term, you may not use this option since you are billed by the Office of Student Financial Services.

Please keep in mind that as the prime tenant, **you will remain responsible** for the rent and all other terms and conditions of the lease; select your subtenant carefully. It is highly recommended that you have a written agreement with your subtenant addressing such issues as utilities, furnishings, etc. We also recommend that you require a security deposit.

**Do not** file a vacancy form for a unit you are subletting. The superintendent cannot be responsible for providing keys to a subtenant, so please make arrangements with your subtenant to provide keys.

Your application for permission to sublet must be signed and approved on behalf of the University and cannot be assigned to another subtenant. If you sublet the apartment without obtaining this authorization, the University may take legal action against you and your subtenant to obtain possession of the premises.

Please allow a minimum of seven working days for the processing of this application.

Sincerely,

Patricia Maher  
Assistant Vice-President

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**STUDENT TENANT APPLICATION TO SUBLET**

This agreement is not valid unless signed by both parties and executed on behalf of the University.  
**No application will be processed for a tenant whose rent is in arrears.**

PRIMARY TENANT:

Ms./Mr. \_\_\_\_\_  
(Circle one) *Please print clearly*

UAH ADDRESS: \_\_\_\_\_  
*Street Address Apt. # Room # (if applicable)*

TELEPHONE NUMBER: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

UNIVERSITY NETWORK IDENTIFICATION (UNI): \_\_\_\_\_

TENANT'S C.U. AFFILIATION: \_\_\_\_\_  
*(Name of School and Department)*

EMERGENCY CONTACT FOR DURATION OF SUBLET:

NAME: \_\_\_\_\_ RELATION TO TENANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL: \_\_\_\_\_

REASON FOR SUBLET: \_\_\_\_\_

REQUESTED PERIOD OF SUBLET:

*(The term of the sublet may not extend beyond the expiration of the prime lease.)*

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS WHERE TENANT WILL RESIDE DURING TERM OF SUBLEASE:

*(Outside the New York metropolitan area)*

HAVE YOU PREVIOUSLY SUBLET THIS UNIT? IF SO, GIVE DATES: \_\_\_\_\_

LEASE/ CONTRACT FOR PREMISES COMMENCED AS OF: \_\_\_\_\_ AND WILL  
*Date of original lease*

TERMINATE AS OF: \_\_\_\_\_

PRESENT RENT PER MONTH: \$ \_\_\_\_\_

RENT SUBTENANT WILL BE CHARGED: \$ \_\_\_\_\_ per month

*(This amount may not exceed by more than 10% the monthly rent under the terms of the prime lease.)*

AMOUNT OF SECURITY TO BE PAID BY SUBTENANT: \$ \_\_\_\_\_

ATTACH  
PASSPORT  
SIZE  
PHOTO  
HERE  
Please Write  
Subtenant's Name on  
Reverse Side

**STUDENT TENANT APPLICATION TO SUBLET**

**PROPOSED SUBTENANT:**

Ms./Mr. \_\_\_\_\_  
(Circle one) Please print clearly

SOCIAL SECURITY NUMBER OR UNI: \_\_\_\_\_

CURRENT ADDRESS OF PROPOSED SUBTENANT:  
\_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PROPOSED SUBTENANT'S C.U. AFFILIATION: \_\_\_\_\_  
(C.U. school and department)

**OR**

IF PROPOSED SUBTENANT IS NOT A CU AFFILIATE, DESCRIBE UNIVERSITY AFFILIATION OR EMPLOYMENT STATUS. ATTACH LETTER OF REFERENCE FROM AN EMPLOYER OR AN IDENTIFICATION FROM AN ACADEMIC INSTITUTION.

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**NEXT OF KIN/EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ RELATION TO SUBTENANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Apartment shares and dorm-style accommodations are for single occupancy only.**  
Permission to sublet will be granted for only one person per leased/contracted unit. Additional occupants are prohibited. Failure to adhere to this condition will result in revocation of the permission to sublet.

The following option is applicable only for efficiency, one bedroom, and family-style units:

Does the subtenant intend to allow any other person/s to use the apartment? If so, provide name/s: \_\_\_\_\_

The permission to sublet will authorize the use of the premises only by the person/s named herein.

**AGREEMENT FOR PERMISSION TO SUBLET A UNIVERSITY RESIDENTIAL UNIT**

**STUDENT TENANT APPLICATION TO SUBLET**

I understand and agree that as the prime tenant, I remain responsible for the rent and all other terms and conditions of my lease with Columbia University and will remain liable until the apartment is totally vacated and surrendered to the University whether or not my subtenant vacates.

I represent that I am a full-time affiliate of the University and fully expect to continue my affiliation for the next academic year. I will resume residence in the subject premises at the expiration of this agreement. I further understand that the lease and sublease shall terminate without further notice 30 days after my ceasing to be a full-time affiliate, or in the event I fail to return to the apartment, at the end of the sublet agreement.

The subtenant has no independent rights to the unit and will not be permitted to retain the apartment beyond the term of the sublet agreement.

I understand that if I live in an apartment share, I may only sublet my unit to someone of the same gender as I am.

I understand that permission to sublet authorizes the use of the premises only to the person(s) named herein.

\_\_\_\_\_  
*Signature of Prime Tenant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Subtenant*

\_\_\_\_\_  
*Date*

PERMISSION GIVEN:

\_\_\_\_\_  
*Assistant Vice-President of University Apartment Housing*

\_\_\_\_\_  
*Date*

<p><b>FOR OFFICE USE ONLY</b> <b>DO NOT WRITE IN THIS BOX</b></p>	
<input type="checkbox"/> Arrears	Balance Owed _____
<input type="checkbox"/> Gender	
<input type="checkbox"/> Lease renewed	
<input type="checkbox"/> Passport Photo	
<input type="checkbox"/> F/T	
<input type="checkbox"/> Forwarded for Signature	
<input type="checkbox"/> ID/Reference Attached	

STUDENT TENANT APPLICATION TO SUBLET

**OPTIONAL: Supplement to Application for Leased Apartments**

*DO NOT USE THIS DIRECT PAYMENT FORM IF BILLED BY STUDENT FINANCIAL SERVICES*

**REQUEST FOR DIRECT RENT PAYMENT BY SUBTENANT TO THE UNIVERSITY**

I, \_\_\_\_\_, tenant of record, whose address is  
*Please print*

\_\_\_\_\_  
*Building Street Apartment # Room # (if applicable)*

remain fully responsible for these premises in accordance with the terms of my lease.

I request that rent be accepted from my subtenant, \_\_\_\_\_,  
*Please print*  
from \_\_\_\_\_ to \_\_\_\_\_.  
*Month Year Month Year*

I understand that such rent will be accepted by the University solely as a convenience to me.

I and my subtenant understand and agree that the acceptance of rent from the subtenant shall in no way be deemed a consent by the University for substitution of the subtenant as the tenant of record, nor shall such acceptance of rent create any landlord-tenant relationship. I understand that I can monitor the status of my rental account at the Controller's Office, 212-854-1009, for the duration of the sublet.

\_\_\_\_\_  
*Signature of Tenant of Record*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Subtenant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Approving Signature*  
*Assistant Vice-President of University Apartment Housing*

\_\_\_\_\_  
*Date*

**STUDENT TENANT APPLICATION TO SUBLET**

**STUDENT SUBLET REQUEST VERIFICATION**

*Required for Spring or Fall Semester Sublets, during the Academic Year  
not for use during Summer or other Intersession*

**Must be completed and signed by School's designated housing liaison:**

Student's Name:

\_\_\_\_\_

SSN: \_\_\_\_\_

School: \_\_\_\_\_

Department: \_\_\_\_\_

Enrolled Full Time:    YES        NO        (please circle one)

Degree: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Duration of sublet: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Purpose of sublet:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the student's purpose of sublet require him/her to be out of the New York metropolitan area for the period requested?

YES        NO

Will the student be enrolled full-time and in residence in UAH for at least one semester after expiration of sublet?

YES        NO

Does your department support this sublet request?

YES        NO

\_\_\_\_\_  
*Authorized Housing Liaison Signature*

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*