

Off-Campus Housing Assistance (OCHA)

Columbia University Facilities
401 West 119th St., NY, NY 10027
212-854-2773 | ocha@columbia.edu

STUDENT SUBLET APPLICATION

PLEASE NOTE:

Effective April 1, 2015, affiliates may no longer sublet for time periods less than 30 days.

Sublet Requirements:

- 1) Approval will be granted only if you will be away from Columbia for the following reasons: a) approved academic field work or research outside the metropolitan area; or b) summer or winter vacation. You may not sublease to another Columbia tenant.
- 2) The sublet term must fall within your Columbia lease dates--summer sublets will not be processed until lease renewal forms have been signed and returned.
- 3) Your rent account must be current (no arrears).
- 4) Students in a private room within a single gender apartment share may sublet only to someone of the same gender. Students in shared bedrooms may not sublet without the prior written consent of your roommate.
- 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.

Required Document Check List:

- A copy of subtenant's photo ID (and a copy of a photo ID for each additional occupant).
- If you are subletting during the academic year, the "Housing Liaison Verification" form (page 5) must be completed and signed by your school's designated [Housing Liaison](#).

As the prime tenant, you will remain responsible for the rent and all other terms and conditions of the lease; select your subtenant carefully.

We encourage you to sublet to a Columbia affiliate. We recommend that you have a written agreement with your subtenant addressing such issues as payment of utilities and use of furniture and items left in the apartment. You should also require your subtenant to pay a security deposit.

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.

You may scan and email this application for your subtenant to sign. Email the completed application to subletting@columbia.edu. Please allow 7 business days for the processing of this application. [You can track the application approval online.](#)

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PRIMARY TENANT:

Ms./Mr. _____ UNIVERSITY NETWORK ID (UNI): _____
(Circle one) *Please print clearly*

UAH ADDRESS: _____
Street Address Apt. # Room # (if applicable)

TELEPHONE NUMBER: *Home:* _____ *Cell:* _____

TENANT'S COLUMBIA AFFILIATION : _____
(Name of School / Department)

YOUR ADDRESS DURING SUBLET: Outside the New York metropolitan area

EMERGENCY CONTACT FOR DURATION OF SUBLET:

NAME: _____ RELATION TO TENANT: _____

CELL: _____ EMAIL: _____

REASON FOR SUBLET: Summer or Winter Vacation Approved Fieldwork or Research Leave

COLUMBIA LEASE TERMINATION DATE: _____

REQUESTED PERIOD OF SUBLET:

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

FROM: ____/____/____ TO: ____/____/____

YOU MAY NOT SUBLET FOR LESS THAN 30 DAYS.

YOUR RENT/MONTH: \$ _____

SUBTENANT RENT/MONTH: \$ _____ *This amount may not exceed the monthly rent by more than 10%.*

SECURITY DEPOSIT TO BE PAID BY SUBTENANT: \$ _____

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ATTACH COPY
OF
SUBTENANT'S
PHOTO ID

STUDENT SUBLET APPLICATION

PROPOSED SUBTENANT:

Ms./Mr. _____
(Circle one) Please print clearly

CURRENT ADDRESS OF PROPOSED SUBTENANT:

TELEPHONE: Cell: _____ Other: _____

EMAIL: _____

PROPOSED SUBTENANT'S COLUMBIA AFFILIATION: _____
(Columbia school / department)

UNIVERSITY NETWORK IDENTIFICATION (UNI): _____ OR

IF PROPOSED SUBTENANT IS NOT A COLUMBIA AFFILIATE, DESCRIBE OTHER SCHOOL OR
EMPLOYMENT: _____

NEXT OF KIN / EMERGENCY CONTACT:

NAME: _____ RELATION TO SUBTENANT: _____

TELEPHONE: _____ EMAIL: _____

ADDITIONAL OCCUPANT(S): _____

(ONLY PERMISSIBLE IF YOU ARE SUBLETTING A STUDIO OR
ONE BEDROOM APARTMENT)

RELATIONSHIP TO SUBTENANT: _____

ATTACH COPY
OF PHOTO
ID FOR
ADDITIONAL
OCCUPANTS

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AGREEMENT FOR PERMISSION TO SUBLET A UNIVERSITY RESIDENTIAL UNIT

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.

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.

I understand that if I have a private room in a single gender apartment share, I may only sublet my unit to someone of the same gender as I am.

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

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.

If the sublet term extends beyond my lease expiration date, I agree that I will continue to be a full time, housing-eligible affiliate, and I will sign my lease extension.

Signature of Prime Tenant

Date

Signature of Subtenant

Date

PERMISSION GIVEN:

Monica Kuth
Director of Leasing Services

Date

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STUDENT SUBLET APPLICATION

REQUEST FOR DIRECT RENT PAYMENT BY SUBTENANT TO THE UNIVERSITY (OPTIONAL)

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

I, _____, *tenant of record, whose address is*
Print Name

<i>Building</i>	<i>Street</i>	<i>Apartment #</i>	<i>Room # (if applicable)</i>
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remain fully responsible for these premises in accordance with the terms of my lease.

I request that rent be accepted from my subtenant, _____,
from _____ to _____.

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

Monica Kuth
Director of Leasing Services

Date

Note: During the sublease period, rent bills will continue to be addressed to the tenant of record. Subtenant can pay the rent by opening the bill and mailing a check to Columbia as directed in the bill.

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HOUSING LIAISON VERIFICATION

Required for Sublets during the Academic Year

Must be completed and signed by School's designated Housing Liaison.

Student's Name:

UNIVERSITY NETWORK IDENTIFICATION (UNI): _____

School: _____

Department: _____

Degree: _____ Anticipated Graduation Date: _____

Duration of sublet: ____/____/____ - ____/____/____

Reason student will be away during the academic year:

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

Authorized Housing Liaison Signature

Print name

Title

Date