STUDENT SUBLET APPLICATION

PLEASE NOTE - NEW POLICY
Effective April 1, 2015, affiliates may no longer sublet for time periods less than 30 days in accordance with New York regulations.

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.
STUDENT SUBLET APPLICATION

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: $__________
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: ____________________________________________
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                                      Date
Director of Leasing Services
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

____________________________________________________________________________

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, ____________________________________

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

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

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