Dear Faculty/Staff Tenant:

Please complete the attached application and follow the guidelines below in order to sublet your apartment.

1) You may sublet your entire apartment if you will be away from home during an approved leave of absence, sabbatical leave of absence or on vacation during the summer or winter intersession periods. You may not lease a room(s) in your home while you are living there. You may not sublease to another Columbia tenant.

2) We encourage you to sublet to a Columbia affiliate and to list your sublet in our Housing Registry which is available to affiliates who want to search for or list available housing. To do so, use the following link and click on the section entitled "Columbia Community Members" to sign up if you are a new user or log in if you already have an account. https://ocha.facilities.columbia.edu/registration/index

3) Your rent account must be current. 

4) The sublet term must fall within your Columbia lease dates. If the sublet expiration date extends beyond your current lease end date, we can approve your sublet in two phases--first, through your lease expiration date and then, once you have signed your annual lease extension, through the end of the sublet term. We will email the lease extension to you once it is available.

5) You must retain your status as a full-time housing-eligible University affiliate and return to the apartment at the expiration of the sublet term.

6) As the prime tenant, you will remain responsible for the rent and all other terms/conditions of the lease.

7) If you sublet the apartment without obtaining authorization, Columbia has the right to not renew your lease and may take legal action against you and your subtenant to obtain possession of the premises.

8) Allow 7 working days for review and processing of your application.

9) Your department chair/dean/director must complete page 3 if a leave of absence or sabbatical leave is involved.

10) Complete page 4 of the application if you would like the Controller’s Office to accept rent checks signed by your subtenant to be credited to your rent account.

11) Send the completed forms to: Jane Hunt, Faculty Housing Manager, 401 West 119th Street, New York, NY 10027 or scan and email to hunt@columbia.edu.

Sincerely,

Monica Kuth
Director of Leasing Services

Faculty/Staff Sublet Application
FACULTY/STAFF SUBLET APPLICATION

Prime Tenant: ☐ Ms. ☐ Mr. ____________________________________________________________________________

Columbia Address: _________________________________________________________________________________

Building # Street Apartment #

Phone: Cell: ___________________ Home: ___________________ Work: ___________________

E-mail Address: ___________________________________________________________________________________

Columbia Affiliation: ______________________________________________________________________________

Reason for Sublet: ☐ approved leave ☐ approved sabbatical ☐ summer/winter vacation

Prime Lease End Date: ______________________________________________________________________________

Sublet Term: From: ___________________ To: ___________________

Mo/Day/Year Mo/Day/Year

Your Address During Sublet: _________________________________________________________________________

Your Rent/Mo: $__________________________________________________________ (Not including internet or other services)

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Subtenant Rent/Mo: $ ___________________ Subtenant Security Deposit: $ ___________________

(Not to exceed 110% of your rent.)

Subtenant Name: ☐ Ms. ☐ Mr. _______________________________________________________________________

Subtenant Current Address: _________________________________________________________________________

Subtenant Phone: Cell: ___________________ Home: ___________________ Work: ___________________

Subtenant’s Affiliation: _________________________________________________________________

(Name of School and Department)

Subtenant to provide names and relationships of any other person(s) allowed to occupy the apartment:

___________________________________________________________________________________________
Prime Tenant and Subtenant hereby understand and agree as follows:

Prime Tenant remains responsible for the rent and all other terms and condition of the lease with Columbia University.

Prime Tenant is a full-time affiliate of Columbia University and expects to continue such affiliation for the term of the sublease. Prime Tenant will resume residence in the subject premises at the expiration of the sublease. The lease and sublease shall terminate without further notice thirty (30) days after Prime Tenant ceases to be a full-time affiliate or fails to return to the apartment at the end of the sublease term.

Subtenant has no independent rights to the unit and will not be permitted to retain the apartment beyond the sublet term. Permission to sublet authorizes the use of the premises only to person(s) named herein.

Address and Apartment:________________________________________________________________

Sublet Term:________________________________________________________________________

____________________________________________________________________________________

Signature of Prime Tenant Date

Signature of Subtenant Date

FOR OFFICE USE ONLY

_________________________________________ Date

Columbia Approval Signature
DEPARTMENTAL APPROVAL OF FACULTY/STAFF LEAVE OF ABSENCE OR SABBATICAL

A faculty/staff tenant requesting permission to sublet during an approved leave of absence or sabbatical leave of absence must have the department chair/dean/director complete and sign this form. (This form is not required for sublets during summer or winter intersession periods.)

Name of tenant: _____________________________________________________________

Department: ________________________________________________________________

School: _________________________________________________________________

Leave of absence type: ______________________________________________________

Duration of leave (dates): ___________________________________________________

Name of Chair/Dean/Director: _______________________________________________

__________________________________________

Signature of Chair/Dean/Director                                      Date
REQUEST FOR PAYMENT OF RENT BY SUBTENANT TO COLUMBIA

I, ________________________, tenant of record, whose address is ________________________________

In accordance with the terms of my lease, request that rent be accepted from my subtenant,

________________________, from _________________________ to ___________________________.

Month/Day/Year          Month/Day/Year

I understand that such rent will be accepted by Columbia solely as a convenience to me. My subtenant
and I understand and agree that the acceptance of rent from the subtenant shall in no way be deemed a
consent by Columbia for substitution of the subtenant as the tenant of record, nor shall such acceptance
of rent create and landlord/tenant relationship.

____________________________________  _________________________________
Signature of Tenant of Record            Date

____________________________________  _________________________________
Signature of Subtenant                   Date

____________________________________  _________________________________
Approving Signature                     Date
Columbia University Facilities

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