

YORK APARTMENTS SUBLEASE APPLICATION FORM

The Resident (Leaseholder) should complete and submit this application form to the Housing Office for approval. **The proposed Sublessee must meet the criteria of registered student status and in good standing at York University.**

Note: All arrangements for keys must be made between the Resident (Leaseholder) and the Sublessee. Only the building key will be provided to the Sublessee by the Housing Office. The Resident (Leaseholder) must be aware that he/she is held responsible for all provisions on the Tenancy Agreement (i.e. rent charges and damages) to the apartment during the tenancy and any period of the sublease. It is also his/her responsibility to inform the Sublessee to abide by such provisions. Upon approval, a \$100 Fee will be assessed on the leaseholder's Student Account.

Building: _____ Apartment Number: _____

Sublease Period: From (mm/dd/yyyy): _____ To (mm/dd/yyyy): _____

The Resident (Leaseholder) acknowledges that in the event the Sublessee does not provide vacant possession at the end of the sublease period agreed to by those parties, the Leaseholder Tenant shall be responsible for the removal of the Sublessee by Application under the *Tenant Protection Act*. Furthermore, in the event the University is obliged to do so as a result of the Leaseholder Tenant's failure to bring such Application, the Leaseholder Tenant shall be responsible, on a solicitor and client basis, for all legal costs incurred by the University.

Resident (Leaseholder): _____ Student Number: _____

Telephone Number: _____ Email: _____

Signature: _____ Date (mm/dd/yyyy): _____

Sublessee: _____ Student Number: _____

Telephone Number: _____ Email: _____

Signature: _____ Date (mm/dd/yyyy): _____

NOTE: Resident (Leaseholder) will provide sublease with apartment unit entrance key. **Housing and Conference Services** will provide Sublessee with building entrance key. Sublessee may submit maintenance requests. **Sublessee** may request lock changes and any applicable charges will be applied to the Resident (Leaseholder) 's student account.

FOR OFFICE USE ONLY

Approved Denied

Staff Name & Signature: _____ **Date (mm/dd/yyyy):** _____

ASSIGNMENT COORDINATOR	
	Check STAC & PES
	Approval Status Communication
	StarRez Update

FRONT DESK STAFF	
	Sharer Field (StarRez)
	Temporary Key Sign-out (Activate Expiry Date)
	Note Temporary Key Card on Key Control Form