

SUBLEASE AGREEMENT

I, _____, wish to sublease my dwelling unit located at _____, at the present rental rate of \$_____ per month from _____ until _____.

Sublessor, hereinafter referred to as "Original Resident" will pay \$_____, per month, Sublessee hereinafter referred to as "New Resident" will pay \$_____ per month (only include portion of rent that is subleased)

Authorization is given under the following terms and conditions:

Policy: A sublease is when a resident leases his or her dwelling unit for a period no more than twelve (12) months **AND** before a notice to vacate is given. The original resident retains responsibility of the unit even though he has assigned the unit to another. The relationship between the Management and the New Resident is the same as between the Management and the Original Resident. The Management has the right to enforce the lease as if the New Resident were the Original Resident. Also, the Original Resident is not bound if the New Resident should renew for any additional lease term.

Procedure: Original Resident is to submit in writing his request to sublease, at which time the rental office will assist with subleasing paperwork. The entire procedure is handled by the Original Resident with the exception of approval and lease processing. Once the Original Resident has a prospective New Resident, the rental office will need an application for approval.

The security deposit of the Original Resident, upon signing of the Sublease Agreement, is transferred to the New Resident for return upon his or her vacating and according to the unit condition. **The Original Resident must obtain his security deposit from the New Resident less damages (including cleaning).** Any damage requiring a deduction from the security deposit needs to be determined between the New Resident and the Original Resident.

The above is understood and agreed to and the premises will not be vacated until the unit has been subleased. It is further agreed that the New Resident will not move in until authorized. **It is understood that there is a \$200 processing fee which must be paid to TnT Flinchum Property Management upon completion and return of this form.**

Sublessor (Original Resident)	Print	Date
Original Resident	Print	Date
Original Resident	Print	Date
Original Resident	Print	Date
New Resident	Print	Date
New Resident	Print	Date

IN EVENT OF DEATH OR EMERGENCY Sublessee agrees that in the event of death or an emergency situation that renders the Resident incapable of accessing the premises, Resident grants permission to the following individuals to access the premises and to secure the Resident's property:

- _____ (Name) _____ (Number)
- _____ (Name) _____ (Number)
- _____ (Name) _____ (Number)

TnT Flinchum Property Management Corp. **Date**

Original Resident Forwarding Address:

Telephone # _____