GRADUATE AND FAMILY HOUSING (GFH) AGREEMENT TO SUBLEASE

- Subleasing without the written approval of your GFH Community Housing Office prior to the approval date is a violation of the TENANT's lease agreement which is grounds for eviction of the TENANT and legal action against the sub-tenant including immediate removal from the premises for trespassing.
- The sublease agreement itself is between the TENANT and the sub-tenant. Please refer to the GFH Sublease Guidelines for the eligible populations who may potentially sublease your GFH apartment before submitting your request.
- In the event a dispute arises between the parties, the University may offer mediation services but accepts no responsibility for the agreement or resolving the dispute. The TENANT may not charge a sub-tenant more than they pay in rent to the University. If the TENANT subleases to more than one person (only applicable in Palo Verde or Verano Place), the combined rent charged cannot exceed the amount they pay to the University in rent.
- A copy of photo identification of the sub-tenant and all persons 18 years of age and older residing in the apartment must be received by the GFH Community Housing Office for the sublease to be approved. The GFH Community Housing Office will send a confirmation e-mail to the applicant once the application has been approved.

SECTION I: Terms of Sublease Agreement

TENANT:	Emergency Contact for TENANT:
Sub-tenant:	Name
Apartment #:	Phone #
Sublease period: to	E-mail
Rental rate: \$per day	Emergency Contact for Sub-tenant:
Refundable security/damage deposit: \$	Name
Sub-tenant Contact Information	Phone #
Phone #	E-mail
UCI E-mail	

SECTION II: To Be Completed By TENANT (and Spouse/Domestic Partner, if applicable)

I understand and agree that I remain fully responsible for all obligations under my Lease Agreement and regulations for GFH Apartments including, but not limited to payment of rent, late charges, damages caused to apartment, keys, and parking permissions during the sublease period. If I, the TENANT, do not already have a vehicle with resident parking permission, one temporary parking permission may be issued upon receipt of the required documents. Refer to the GFH Sublease Guidelines for details. <u>I</u> understand and agree that if the sub-tenant violates the provisions of my Lease Agreement, University or Housing policies, the UNIVERSITY, in accordance with Section 10 ("BREACH OF AGREEMENT") of my Lease Agreement, will serve a 3 Day Notice to Quit to the TENANT (myself), the sub-tenant, and all others in possession of the premises.

Tenant name (print)	Tenant Signature	Student I.D. #	Date
Spouse/Partner name, if applicable (print)	Spouse/Partner Signature	Identification	Date
New Address		Telephone Number	_
	E-mail Address		

SECTION III: To Be Completed by Apartment-Mate of TENANT (if applicable, for shared spaces)

I, the undersigned Tenant of GFH apartment number	, and apartment-mate of	, am
aware of and fully support my apartment-mate's reque	est for approval to sublease as described in this document.	

Apartment-mate name (print)	Apartment-mate Signature	Student I.D. #	Date
Apartment-mate name (print)	Apartment-mate Signature	Student I.D. #	Date

SECTION IV: To Be Completed By Sub-tenant

I hereby agree to be responsible to the TENANT for the payment of rent, damages to the apartment, keys, etc., and agree to abide by all rules and regulations stated in the GFH Policies and GFH Lease terms. Any violation will result in my being served by the UNIVERSITY a 3 Day Notice to Quit in accordance with the terms of the TENANT's Lease Agreement. This sublease agreement may be terminated at will by the TENANT with written notification to the sub-tenant and to the GFH Community Housing Office. I, the sub-tenant, will surrender the premises and all associated permissions within 24 hours of the written termination.

Sub-tenant name (print)		Sub-tenant Signature	UCI Student/Staff ID	Date
Spouse/Domestic Partner	r name, if applicable (print)	Spouse/Domestic Partner Signature	Identification	Date
Other persons 18 years o	r older, if applicable (print)	Signature	Identification	Date
Other persons 18 years o	r older, if applicable (print)	Signature	Identification	Date
Names of children and dependents who will be occupying apartment		Gender	Date of Birth	
Last,	First	Middle Initial		
Last,	First	Middle Initial		
Last,	First	Middle Initial		
		CEIL Community ADDL (or Dia	4	

SECTION V: To Be Completed by the GFH Community ADRL (or Director)			
APPROVED	DENIED		
Staff member name (print)	Staff member Signature	Date	