

Tenant Request to Assign or Sublease Rental Unit

To be used only when ALL current tenants are vacating the rental unit

Community Housing, 169 University Ave., Kingston, ON, K7L 3N6



TENANT ACKNOWLEDGEMENT

I/We the undersigned have read, understand and agree:

- to abide by the terms/process/procedures related to this request as provided on the Community Housing Website;
- that all currently registered tenants/occupants will be vacating the rental unit if an assignment/subtenancy is approved and created;
- that the information reported on this form is true and complete and there is no one other than the authorized Tenant(s) and Registered Occupant(s) currently living in the Rental Unit;
- that submission of this form does not constitute permission to conduct a subtenancy or assignment;
- that there may be an inspection on my unit to assess for cleanliness and damage before the request is approved;
- that a \$25 charge will apply for each additional inspection that is required to achieve a passing inspection of my unit;
- that once a sublet/assignment agreement has been approved by Community Housing we must thoroughly clean the unit prior to our sublet/assignee's moving in.

CURRENT TENANT(S) INFORMATION (Provide for ALL registered Tenants - please print) for Unit Address: _____

1	Legal Last Name/Family Name	All Legal Given Names in Full	Queen's Student #	Cell Phone #
	@queensu.ca Email Address	Other Email Address	Signature	Date
2	Legal Last Name/Family Name	All Legal Given Names in Full	Queen's Student #	Cell Phone #
	@queensu.ca Email Address	Other Email Address	Signature	Date
3	Legal Last Name/Family Name	All Legal Given Names in Full	Queen's Student #	Cell Phone #
	@queensu.ca Email Address	Other Email Address	Signature	Date
4	Legal Last Name/Family Name	All Legal Given Names in Full	Queen's Student #	Cell Phone #
	@queensu.ca Email Address	Other Email Address	Signature	Date

I/We are requesting approval to (*remember, all tenants/occupants must be vacating the unit for an assignment or sublet):

- Assign the unit (choose if not returning to the unit)
- Sublease the unit (choose if any tenant named above will be returning to the apartment before the end of the lease.)

Start Date

End Date (subleases only)

REQUESTED START DATE/END DATE:

RENT AMOUNT FOR SUBLEASE ONLY:

Do you have a registered Queen's student who is interested in applying?

Yes, please find their application attached

No. I/We wish to advertise. I/We give permission to Community Housing to include my/our contact information on the listing ad.

OFFICE USE ONLY			
Date Received	Received By	Date of last inspection	Inspection Required? O Yes O No
Scheduled Inspection Date	Inspection Result O Pass O Fail	Tenant Notified of Inspection Results Date/Method	
Inspection Pass Date (if follow up required)	Approved? O Yes O No	Approval Date	Approved By
Approval Comments			