



2408 CHAMBERLAIN STREET #101 AMES, IA 50014 | 515-292-5050

## **SUBLEASE AGREEMENT**

Subleasing your apartment will be allowed only with management approval. A sublease occurs when all residents of the unit will be leaving at the same time. If only one person is leaving the unit and other tenants are staying, you will need to fill out our "Roommate Change Form".

**YOU MUST TURN IN THIS DOCUMENT AT LEAST 14 DAYS PRIOR TO THE NEW TENANT/S MOVING IN**

**IF YOU PLAN ON SUBLEASING YOUR APARTMENT FOR THE SUMMER MONTHS, YOU WILL NEED EVERYTHING COMPLETED BY MAY 1. SUBLEASES WILL NOT BE APPROVED PAST MAY 15 OF ANY LEASING YEAR.**

**According to the terms of your lease, you are responsible for rent and utilities until the expiration of the lease.** You will be released only when the following conditions are met:

- Sublease Agreement has been signed and sublease fee is paid by all parties.
- An application and security deposit must be received in our office from prospective tenant(s). You will be released of your obligations only when the lease (not the application) has been fully executed.
- Tenants leaving must be completely out of the unit and give management 72 hours for an inspection to be completed.

**SUBLEASE FEE: \$100/BEDROOM/DEN**

TODAY'S DATE: \_\_\_\_\_

You are hereby advised that the undersigned will vacate (ADDRESS) \_\_\_\_\_ (UNIT #) \_\_\_\_\_ on (DATE) \_\_\_\_\_, 20\_\_\_\_\_. The date given is a definite vacating date. I will return all apartment keys to Unique Apartment Homes Management on or before the above vacating date. I authorize the release of keys after that date. 72 hours' time must be given to Management before new tenants move in to give management enough time for inspecting the unit. I understand that the giving of this notice does not release me of any liability that I may have under my current rental agreement until all sublease conditions have been satisfied. I agree to pay the \$100/Bedroom/Den fee once my unit has been re-rented.

\_\_\_\_\_  
SIGNATURE/PRINTED NAME

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PHONE

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SIGNATURE/PRINTED NAME

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SIGNATURE/PRINTED NAME

\_\_\_\_\_  
PHONE

**DEPOSIT WILL BE SENT TO THE PERSON AND ADDRESS THAT IS LISTED BELOW**

TENANT: \_\_\_\_\_

FORWARDING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_