



REQUEST FOR CONSENT TO SUBLET APARTMENT

New sublease Renewal of current sublease

Before you fill out this form, please read our sublet policy in the Co-op Handbook. The completed form must be printed and signed and received by the managing agent at least 60 days in advance of the proposed starting date of the sublease. (Please note that this is not the sublet application.)

Shareholder Name: _____ Apartment Number: _____

Building: 14 Bogardus Place 31 Nagle Avenue 37 Nagle Avenue

Home Telephone: _____ Work Telephone: _____

E-mail Address: _____

Shareholder's current address, if different from above:

Shareholder's address or location during the term of the sublease:

Starting date of sublease: _____

Term of sublease (read sublet policy for limitations):

- 6 months 7 months 8 months 9 months
- 10 months 11 months 12 months

Reasons for the proposed sublease:

I request permission to sublet my apartment for the period specified above and certify that the foregoing statements are true.

Shareholder Signature

Date