

SUBLET APPLICATION
147 South Oxford Street
Brooklyn, NY 11217

Apartment number: _____

Rent: _____

Lease term: _____

Desired move-in date: _____

Owner's Information

Name: _____

Phone: _____

E-mail: _____

Mailing address: _____

Renter's Information

Name: _____

Phone: _____

E-mail: _____

Current address: _____

Current rent: _____

How long have you been living
at the current address? _____

Will anyone else be living
in the apartment? Please list: _____

Any pets? Please list: _____

In Case of Personal Emergency, Please Notify

Name: _____

Phone: _____

E-mail: _____

I have read and agree to abide by the House Rules. I have also filled out and will comply with the pet permit form (if applicable).

Renter's signature: _____

Date: _____

Please return this form, along with a copy of the sublease agreement, to Goldin Management for review by the co-op's board of directors.