

Morningside Heights Housing Corporation

80 LA SALLE STREET
NEW YORK, N.Y. 10027-4711

PHONE: (212) 865-3631
FAX: (212) 866-8626

Certificate of Sublessee Departure

NAME(S) OF SUBLESSEE(S): _____

APARTMENT #: _____ ADDRESS: _____

NAME(S) OF SHAREHOLDER(S): _____

EXPIRATION DATE OF SUBLESSEE(S)' LEASE: _____

*I/We, _____, attest that I/We have vacated
the above-referenced apartment on _____ as agreed, in the terms of
(Date)
the lease with Morningside Heights Housing Corporation.*

Sublessee's Signature Date

Sublessee's Signature Date

STATE OF NEW YORK)
)
COUNTY OF NEW YORK)

On the _____ day of _____, in the year 20_____, before me, the undersigned, a notary public in and for said state, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity, and that by his/her/their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public