

Morningside Heights Housing Corporation

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

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

Extension of Sublet Application

NAME(S) OF SHAREHOLDER(S): _____

APARTMENT #: _____ ADDRESS: _____

CURRENT SUBLESSEE(S): _____

ORIGINAL START DATE: _____ ORIGINAL END DATE: _____

EXTENSION DATE REQUESTED: _____

CHANGES IN ARRANGEMENTS (if any): _____

ORIGINAL RENT APPROVED: \$ _____

CURRENT MAINTENANCE: \$ _____

REVISED RENT: \$ _____

CHANGES IN EMERGENCY INFORMATION (if any): _____

I/We understand that I/We must reoccupy the apartment as my/our primary residence for two (2) years before I/We can request an additional sublet.

SHAREHOLDER'S SIGNATURE: _____

SHAREHOLDER'S SIGNATURE: _____

SUBLESSEE'S SIGNATURE: _____

SUBLESSEE'S SIGNATURE: _____

APPROVED: _____

Tenant Selection Committee Chair

DATE: _____

DENIED: _____

Tenant Selection Committee Chair