



# MERIDIANGROUP

5290 Overpass Rd., Bldg. D • Santa Barbara, CA 93111  
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## SUBLEASE AGREEMENT FORM

It is hereby agreed between \_\_\_\_\_ and Meridian Group (“Lessor”) that  
(Lessee’s Name)

\_\_\_\_\_ will sublease the premises located at:  
(Sub-Lessee’s Name)

\_\_\_\_\_  
(Property Address) Unit # City

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Sub-Lease Start Date) (Sub-Lease End Date)

Meridian Group is not responsible to collect or refund any security deposit from the Sub-Lessee, but it is **HIGHLY RECOMMENDED** that a deposit not less than \$500.00 be collected and held by the Lessee until the sub-lease agreement is terminated and any damages have been assessed and deducted from the security deposit.

There is a \$50.00 per sublease service and administrative charge for processing of any sublease. Sub-Lesseees **CAN NOT** pick up keys on Move-In. The keys and move in packet will only be released to a Permanent Lessee.

Be Sure to Read Your Lease! This lease is Joint and Several. This means you can be held individually liable for the entire rent if your roommates (including Sub-Lesseees) don’t pay their share, and for any damages that may occur.

The Sub-Lessee must complete and return a rental application and guarantor form which must then be approved by our office. Sub-Lessee shall sign the original lease upon approval. A copy of the original lease is attached to this agreement and incorporated herein. By signing, sub-lessee agrees to comply with all the terms and conditions of the original lease.

### TO BE COMPLETED BY SUB-LESSEE

_____	_____	_____ / _____ / _____
Print Name	Signature	Date
_____	_____	_____
Permanent Street Address	City	State Zip
_____	( ) -	_____
Email	Phone Number	

### We, the REMAINING LESSEES, hereby agree to the above:

_____	_____ / _____ / _____	_____	_____ / _____ / _____
Signature of Sub-Leasing Lessee	Date	Signature of Roommate	Date
_____	_____ / _____ / _____	_____	_____ / _____ / _____
Signature of Roommate	Date	Signature of Roommate	Date
_____	_____ / _____ / _____	_____	_____ / _____ / _____
Signature of Roommate	Date	Signature of Roommate	Date

### FOR OFFICE USE ONLY:

Received From: _____	Date: _____ / _____ / _____	Received by: _____
Payment Type: _____ Online / TWA	Check #: _____	Money Order: _____
Processed by: _____	Date: _____ / _____ / _____	Other: _____