

SUBLEASE AGREEMENT FORM

5290 Overpass Rd., Bldg. D • Santa Barbara, CA 93111 P (805) 692-2500 • F (805) 692-5020 • www.meridiangrouprem.com

It is hereby agreed between	(Lessee's Nan	ne)		and Meridi	an Gı	roup ("Lessor") that
(Sub-Lessee's Name)				will sublea	se the	e premises located at:
(Property Addres	(2)	Unit #				City
(Froperty Address						City
From: / (Sub-Lease Sta	/	То:		/ (Sub-Lease	TJ.	/ Po40)
Meridian Group is not responsible to RECOMMENDED that a deposit not I terminated and any damages have been There is a \$50.00 per sublease service pick up keys on Move-In. The keys and	ess than \$500.00 be con assessed and deducter and administrative chains and move in packet will o	llected and held and from the secur narge for processionly be released	by the Lority depos sing of ar to a Perm	essee until sit. ny sublease nanent Less	the su e. Su see.	ub-lease agreement is b-Lessees <u>CAN NOT</u>
Be Sure to Read Your Lease! This least rent if your roommates (including Sub-		•				•
The Sub-Lessee must complete and recoriginal lease is attached to this agreed conditions of the original lease.						
TO BE COMPLETED BY SUB-LESS	EE					
						/ /
Print Name	Signature	Signature				Date
Permanent Street Address		City State			Zip	
	·			()		-
Email					Phor	ne Number
We, the REMAINING LESSEES, here	eby 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	
	/ /				/ /	
Signature of Roommate	Date	Signature of Roommate Date			Date	
FOR OFFICE USE ONLY:						
Received From:	Date:	/ / Received by:				
Payment Type: Online / TWA	Check #:	Money Order:				
Processed by:	Date:	/ /	Other:			

MERIDIAN GROUP

Real Estate Management, Inc.

5290 Overpass Road, Building D • Santa Barbara, CA 93111

Phone: (805) 692-2500 • Fax: (805) 692-5020

www.meridiangrouprem.com • info@meridiangrouprem.com

STANDARD RENTAL APPLICATION

*Enter N/A if required field does not	apply.		
Applicant's Information			
Address: Applying For:		City, State, Zip:	
Applicant's Information			
Full Name:	Birthdate:	Social Security Number:	
Current Address:		City, State, Zip:	
Cell Phone Number: ()	<u>-</u>	Email:	
Driver's License Number:		State where Driver's License was issued:	
Applicant's Employment Employer:		Employee's Position:	
		Employer City, State, Zip:	
Supervisor / HR Contact Name:		Contact Phone Number or Email:	
Monthly Salary: \$	Annual Salary: \$	Start Date:	
Other Source(s) of Income:		Amount received per year: \$	
Applicant's Emergency Contact			
Name:		Address:	
Relation:	Phone: () - Email:	
	Group Real Estate Managen	rom "Bad" reports and will not necessarily cause your apment, Inc. to obtain and release any information concerni	
applicant via methods which may include	e, but are not limited to, ter	d hereby authorizes investigation and verification of in mant screening and credit checking. Signature also afj ment, Inc. renting policies provided with this form.	
			/ /
Signature of Applicant & Date		Signature of Owner / Landlord / Agent	Date