SUBLEASE AGREEMENT FORM



5290 Overpass Rd., Bldg. D • Santa Barbara, CA 93111 P. (805) 692-2500 • F. (805) 692-5020 • <u>info@meridiangrouprem.com</u>

| It is hereby agreed between | | | | | | (Lessee's Name) | | | |
|-------------------------------------|--|--------------------------|---------------|----------------------|--------------------------|----------------------|------------|---------------------|--|
| and Meridian Gr | oup that | | | | | | (S | ub-Lessee's Name | |
| will sublease the | premises located at | | | | | | (| (Property Address) | |
| From: | 1 1 | | 7 | Го: | / / | | | | |
| From: | (Sub-Lease Start Date) | | | 10: | (Sub-Lease End Date) | | | | |
| that a deposit not l | not responsible to collect or refuless than \$500.00 be collected and and deducted from the security per sublease service and admin | nd held by y deposit. | y the Lessee | until the | e sub-lease | agreement | is termina | ated and any damage | |
| keys on Move-In. Be Sure to Read Y | The keys and move in packet we are a superior of the series of the serie | vill only b and Seve | eral. This m | o a Perm eans you | anent Less u can be h | see. eld individu | | | |
| Lessee shall sign t | nust complete and return a rental the original lease upon approval. essee agrees to comply with all the | A copy | of the origin | al lease | is attached | to this agre | | | |
| TO BE COMPI | LETED BY SUB-LESSEE: | | | | | | | | |
| | | | | | | | | | |
| Print Name Signatur | | | | e | | | | Date | |
| | | | | | | | | | |
| Permanent Street Address | | | City | | | | State | Zip | |
| Email | | | | | Phone Number | | | | |
| | | | | | | | 1 Hone IV | umber | |
| We, the REMAI | INING LESSEES, hereby ag | ree to th | e above: | | | | 1 | | |
| Print Name – Sub-Leasing Lessee | | | Signature | | | | Date | | |
| Time Name Sub Beasing Bessee | | | Signature | | | | | | |
| Print Name | | | Signature | | | | Date | | |
| Print Name | | | Signature | | | | Date | | |
| 1 Thit Name | | | Signature | | | | | Date | |
| Print Name | | | Signature | | | | Date | | |
| FOR OFFICE USE | E ONLY: | | | | | | | | |
| Received From: Received | | | | | | | Date: | / / | |
| Payment Type (ple | ease check one): Online / TV | | Check # | / | | Money | y Order # | | |
| Processed by: | | Date: | / | | Other: | | | | |