

Sublicense Agreement

This agreement is made between (License Holder) _____, and (Sublicensee) _____, (Sublicensee) _____, on (date) _____. License holder agrees to sublicense and Sublicensee(s) agree to rent the bedroom/apartment located at (graduate housing building, apartment, and bedroom#) _____, referred to hereafter as the "Sublicensed Premises." Both parties attest that the Sublicensee(s) is/are eligible for this category of housing and meet all Student Housing Occupancy, time, age, current Stanford affiliation and gender requirements per sublicensing policies and the Residence Agreement. See website (sublicense.stanford.edu) for current policies.

No children may stay in single student or couples housing. No pets are allowed. No smoking is allowed within 20 feet of the premises.

The term of this agreement shall be for the period beginning _____ and ending _____ provided the License Holder has or will have a valid Student Housing license for the following academic term. The sublicense shall terminate earlier if the contract and Residence Agreement between License Holder and Stanford University is terminated. The period of the sublicense is to be for one academic quarter or a portion thereof.

Payment of rent to the License Holder for the sublicensed premises has been agreed upon by the Sublicensee(s) in the total amount of _____ payable on _____, This rent is equivalent to \$ _____ per month. Rent shall be paid directly to the License Holder.

Addendum attached: Y ___ N ___

For single student License Holders with roommate(s):

By signing this sublicense agreement, I/We (name) _____, (name) _____, and (name) _____, roommates of the License Holder have acknowledged and agreed to have a space sublicensed during the timeframe referenced above.

Roommate Signature(s) _____

Date _____

Email Address _____

By signing this sublicense agreement, License Holder and Sublicensee(s) confirm that they have read the Student Housing Residence Agreement and agree to abide by all of the terms and conditions.

License Holder Signature	Sublicensee Signature	Sublicensee Signature
Interim Contact Information	Stanford Affiliation	Stanford Affiliation
Phone _____	Email _____	Email _____
Email _____	Cell Phone _____	Cell Phone _____
Stanford ID# _____	Stanford ID# _____	Stanford ID# _____
Gender <u>M</u> / <u>F</u>	SUNetID _____	SUNetID _____
	Age _____ Gender <u>M</u> / <u>F</u>	Age _____ Gender <u>M</u> / <u>F</u>

This completed form is to be submitted, along with a copy of the Sublicensee's proof of current Stanford. Affiliation and proof of age via scan/email to shsublease@lists.stanford.edu.

Any additions to this agreement must be made on a separate sheet of paper which will be an agreement solely between the License Holder and the Sublicensee(s). Infractions of the sublicensee agreement or falsification of information will immediately terminate said agreement.

For office use only

Approved: Y / N Date: _____ Initials: _____ StarRez: _____ Email: _____ Listing Removed: _____