



**Icahn
School of
Medicine at
Mount
Sinai**

Real Estate Division
1249 Park Avenue, 1st Floor, Suite 1E
New York, NY 10029-6574
Tel: (212) 659-9630

TEMPORARY ASSIGNMENT OF LICENSE/ SUBLET REQUEST
(THIS IS NOT A SUBLET CONTRACT)

NAME _____ MALE/ FEMALE

TODAY'S DATE _____

ROOM # _____ RENT AMOUNT \$ _____

PHONE _____

DATES YOU WISH TO SUBLET YOUR ROOM:

FROM: _____ TO: _____

IMPORTANT INFORMATION

1. YOU MAY SUBLET ONLY TO A MOUNT SINAI AFFILATE.
2. ONCE YOU HAVE FOUND SOMEONE TO SUBLET YOUR ROOM OR WE HAVE FOUND SOMEONE FOR YOU. YOU MUST BE SURE THAT YOU AND YOUR SUBLESSEE HAVE SIGNED THE ATTACHED AGREEMENT AND SUBMIT IT TO THE REAL ESTATE OFFICE FOR APPROVAL.
3. IT IS YOUR RESPONSIBILITY TO GIVE YOUR KEYS TO YOUR SUBLESSEE, UPON HIS/HER ARRIVAL.
4. IT IS YOUR RESPONSIBILITY TO CONTINUE TO PAY THE RENT, AS YOU DID BEFORE. YOUR SUBLESSEE PAYS YOU YOUR RENT.
5. IT IS YOUR RESPONSIBILITY TO LET YOUR SUBLESSEE KNOW THAT HE/SHE WILL BE RESPONSIBLE FOR THEIR PORTION OF THE ELECTRIC BILL.
6. IT IS YOUR RESPONSIBILITY TO OBTAIN YOUR KEYS FROM YOUR SUBLESSEE UPON YOUR RETURN.

PLEASE DO NOT ASK ANY OF OUR DOORMEN TO ISSUE KEYS.