

**Personalized Management Services
Permission to Sub-Let**

This document grants permission from the Agent to the Residents at _____ for the undersigned to sub-let to those parties specified below:

_____ (Resident) will be subletting his/her room to _____ (Sub-Lessee) for the period from _____ to _____.

_____ (Resident) will be subletting his/her room to _____ (Sub-Lessee) for the period from _____ to _____.

_____ (Resident) will be subletting his/her room to _____ (Sub-Lessee) for the period from _____ to _____.

_____ (Resident) will be subletting his/her room to _____ (Sub-Lessee) for the period from _____ to _____.

Residents (all those on the original lease) and Sub-Lessees agree that Sub-Lessees received a copy of the original lease and agree to abide by all the terms and conditions of the lease. Residents and Sub-Lessees also understand that should a Sub-Lessee violate the terms of the lease in any way, including not paying rent, receiving citations for violations of City Ordinances, or damaging the property, that Agent will evict the Sub-Lessee and that that Residents will be responsible for any and all charges associated with that eviction.

The Resident(s) subletting, and their Parents if a student lease, understand they will remain fully responsible for all rents, charges and damages throughout the remaining term of the lease.

Residents and Sub-Lessees also understand that this permission form is null and void if Agent does not receive a signed Statement of Understanding of Sub-Letting from the parent of the Resident wanting to sublet his/her room or unit. The Statement of Understanding of Sub-Letting form must be from the parent who signed the original Parental Guarantee for the lease.

PLEASE NOTE: All Residents that are on the original lease must sign this form on the next page in order for it to be valid.

**Personalized Management Services
Permission to Sub-Let**

IN WITNESS WHEREOF, this permission form has been signed by Agent, Residents and Sub-Lessees as of this ___ day of _____.

“Resident”

“Sub-Lessee”

(sign here)

(sign here)

Resident (print name): _____

Sub-Lessee (print name): _____

Cell phone: _____

Email address: _____

(sign here)

(sign here)

Resident (print name): _____

Sub-Lessee (print name): _____

Cell phone: _____

Email address: _____

(sign here)

(sign here)

Resident (print name): _____

Sub-Lessee (print name): _____

Cell phone: _____

Email address: _____

(sign here)

(sign here)

Resident (print name): _____

Sub-Lessee (print name): _____

Cell phone: _____

Email address: _____

“Agent”

Personalized Management Services

Agent name (print): _____

Colorado Real Estate License #: _____

PLEASE NOTE: All Residents that are on the original lease must sign this form in order for it to be valid.