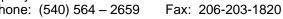


## SUBLEASE APPLICATION





Castle Property LLC 206 South Avenue, Harrisonburg, VA 22801 Phone: (540) 564 – 2659 e-mail: office@castleproperty.com web site: http://www.castleproperty.com

## TO BE COMPLETED BY TENANT:

Last Name:	First Name:	First Name:		MI:			Nickname:			
Sublease Address:		Bedroom#:	Sul	Sublet Term:		// month day		To:	/_ month	/day yea
(During Sublet) Tenant's Street Address	3:									
(During Sublet) City:		State:	Zip:		Pho	ne: (		_)		
I am subleasing my portion of the house lease. My deposit remains as security.						not red	uce m	y respo	nsibility	to the
Signature:					Dat	e:				
TO BE COMPLETED BY SUB	BLEASER:									
NAME:										
Last Name:		First Name: _			M	l:	_ Nic	kname:		
Date of Birth :// E-Mai										
CURRENT ADDRESS:										
Current Street Address:										
City: State:	Zip:	Tele	ephone: (	)		Cı	ırrent	Rent: \$_		/month
Current Landlord:		Company Nam	ıe:				Phone	e: (	)	
PERMANENT ADDRESS:										
Permanent Street Address:										
City: State:	Zip:	Tele	ephone: (	)		0	ccupie	ed By: _		
OTHER INFO:										
Employer:	Po	osition:			V	Vage:	\$		per	
Address:						_ #⊢	lours /	Week		
Supervisor:					Tele	phone	: (	)		
Do you have any pets ? [ ]Yes [ ]No	]No What Type ?			Will you be housing the pet(s) ? [ ]Yes [ ]No						
Expected Date of Graduation:							No			
By signing below, I affirm that all the info information and to run a credit report if n		correct to the I	oest of my kr	owledge.	I hereby	give p	ermis	sion to	verify th	ne above
Signature:					Dat	e:				