



**SUBLET AGREEMENT**

REFERENCE ID: \_\_\_\_\_

This agreement made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ between

\_\_\_\_\_  
(Hereinafter called the "Tenants" of the first part)

And \_\_\_\_\_  
(Hereinafter called the "Sub-tenant" of the second part)

Whereas the Tenants are signatories to a certain Tenancy Agreement dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ between \_\_\_\_\_  
(Tenant)

And **REZ-ONE BLAIR HOUSE**  
(Landlord)

And whereas the Tenants are desirous of subletting their premises and whereas the sub- tenants are desirous of occupying the premises now currently rented by the tenants, municipally knows as **256 PHILLIP ST., Waterloo, Ontario, suite \_\_\_\_\_, bedroom \_\_\_\_\_** and the parties hereto agree as follows:

1. The sub-tenants tenancy shall commence on \_\_\_\_\_ 20\_\_\_\_ and terminate on \_\_\_\_\_ 20\_\_\_\_.
2. The sub-tenant(s) shall pay the tenant(s) the sum of \$ \_\_\_\_\_ for **month(s)** for the period of \_\_\_\_\_ to \_\_\_\_\_  
*Month Day Year Month Day Year*
3. The sub-tenants shall abide by all terms and conditions in the Tenancy Agreement dated \_\_\_\_\_ 20\_\_\_\_. As if they were signatories thereto.
4. The sub-tenants shall be bound by all of the terms and conditions in the aforementioned Tenancy Agreement.
5. Any special conditions that are to apply to this agreement are noted in Schedule "A" on the reverse side of this document.
6. To maintain the original living arrangement of the suite, the sub-tenant must be of the same sex as the tenant.

This agreement signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Sub-tenant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Landlord

Date: \_\_\_\_\_



**SUBLET AGREEMENT**

**SCHEDULE 'A'**

A)	
B)	
C)	
D)	
E)	



**SUBLET AGREEMENT**

Dated the \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_ (year)

**Sub-Tenant Information**

**Name** \_\_\_\_\_

**Permanent Address** \_\_\_\_\_  
\_\_\_\_\_

**Contact Number** Home ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Emergency Contact** Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Relation \_\_\_\_\_

Email \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Program** \_\_\_\_\_ **Year** \_\_\_\_\_

**Gender**  Female  Male

**Primary Language spoken:** \_\_\_\_\_

**FILL OUT ONE OF THREE**  photocopy ID

**Student ID** \_\_\_\_\_

**Drivers License** \_\_\_\_\_

**Passport** \_\_\_\_\_