

YORK APARTMENTS

APPLICATION TO RE-ASSIGN UNIT TO A SHARER

- Upon applying to re-assign a unit to a sharer, all the following conditions must be met. **Housing and Conference Services reserves the right to decline an application if any are not satisfactorily adhered to.**
- ✓ The Current Leaseholder must have lived in the unit for at least 2 full Academic Terms.
 - ✓ The Sharer/New Leaseholder must be living in the unit and registered with Housing and Conference Services for a minimum of 4 months.
 - ✓ The Current Leaseholder and Sharer/New Leaseholder must be in good academic and financial standing.
 - ✓ The Sharer/New Leaseholder must submit an online [housing application](#) in conjunction with this application.
 - ✓ The Sharer/New Leaseholder, if approved, will take over the apartment ‘as is’ and assume full responsibility for the contents and condition of the unit.
 - ✓ The Sharer/New Leaseholder, if approved, will sign a new Residential Tenancy Agreement with Housing and Conference Services reflecting the unit’s current rental rate as approved by the University Board of Governors.
 - ✓ The Current Leaseholder and Sharer/New Leaseholder are required to be at the 340 Assiniboine Housing Office on the date of the re-assignment to sign over the keys (and locker, if applicable) and complete required documents.
 - ✓ Upon Approval, a \$125 Fee will be assessed on the Current Leaseholder's Student Account.

If the leaseholder and sharer are not spouses/common law partners:

- ✓ The Current Leaseholder must vacate the unit at the date of the re-assignment
- ✓ The Sharer/New Leaseholder must provide the information of the person they wish to share the unit with and will become the new Sharer. They must be eligible to live in York Apartments.
- ✓ The New Leaseholder’s Sharer is required to be at the 340 Assiniboine Housing Office on the date of the re-assignment to complete paperwork

Current Leaseholder Information

First Name:

Last Name:

Student ID:

Phone #:

Email:

Current Address:

Sharer/New Leaseholder Information

First Name:

Last Name:

Student ID:

Phone #:

Email:

Date moved into unit:

We, the undersigned, have read, understood, and agreed to the above conditions.

X

Resident Signature

X

Sharer Signature

Date Signed:

Date Signed:

For Office Use Only	
Apartment Type:	Resident’s Move-in Date:
Previous Re-Assignments:	Date Sharer Registered:
STAC & PES Checked (Resident): <input type="checkbox"/>	STAC & PES Checked (Sharer): <input type="checkbox"/>
	Move-Out Form: <input type="checkbox"/>
	Note Re-Assignment in StarRez: <input type="checkbox"/>
Unit Re-Assignment Approved Yes <input type="checkbox"/> No <input type="checkbox"/>	Unit Re-Assignment Date: