

SUBLEASE AGREEMENT

This is an agreement to sublet real property (hereinafter known as the "Sublease") between (hereinafter known as the "Sublessor,") and (hereinafter known as the "Sublessee").

The Sublessor agrees to sublet to the Sublessee, and the Sublessee agrees to take possession of the propeny located at , New Jersey, (hereinafter known as the "Premises.,) under the following terms and conditions:

I. Tunn. Tenancy of this Sublease shall begin with the sublessee taking possession on and end . Under no circumstances shall there be holdover by the Sublessee.

JI. Rent. The rent under this Sublease shall be \$0 payable *the* first (1st) of every month.

The rent shall be paid In the following manner: Via Venmo to the Sublessor. A late fee of SSO shall apply to any rent payment not received within 7 days of when it *is* due.

III. Utilides. The Sublessor shall be responsible for the following utilities: The sublessee shall pay 1 6 of the utility and internet bills of sublessor for the months of June, July and August. Said payments shall be made via Venmo to the Sublessor within 7 days of receipt of the amounts due by the Sublessee. A late fee of \$25 shall apply to any utility payment amount due not received by Sublessor from sublessee within said 7 days. All other utilities shall be the responsibility and expense of the Sublessee.

IV. Liability. Sublessee agrees to surrender and deliver to the Sublessor the premises including all furniture and decorations within the premises in the same condition as they were at the beginning of the term with reasonable wear and tear accepted. The Sublessee will be liable to the Sublessor for any damages occurring to the premises, the contents thereof, the building/home, and any common areas. All actions conducted by any guests of the Sublessee are the responsibility and liability of the Sublessee.

V. Guests. There shall be no other persons living on the Premises other than the Sublessee. Guests of the Sublessee are allowed for periods not lasting for more than fony-eight hours unless otherwise approved by the Sublessor.

VI. Security Deposit. The Sublessor shall require a Security Deposit to be paid by the Sublessee in the amount of \$600.00.

Sublessor agrees that if the premises and contents thereof are returned in the same condition as received by the Sublessee, excluding reasonable wear and tear, the deposit shall be refunded to the Sublessee within 30 days after the end of the term.

Any reason for retaining a portion of the deposit shall be explained in writing within 30 days to the Sublessee.

VII. Move-in ChecklJst. At the *time* of taking possession of the premises by the Sublessee, the Sublessor and Sublessee shall perform an inspection of the residence marking down the present condition of all appliances, fixtures, furniture. and any existing damage on the Premises.

VIII. Lead-Based Paint. The residence was not built before 1978.

IX. Master Lease. This Sublease must follow and is subject to the original lease agreement between the Sublessor and Landlord, a copy of which the Sublessor agrees to give to the Sublessee, and which is hereby referred to and incorporated as if it were set out here at length. The Sublessee agrees to assume all of the obligations and responsibilities of the Sublessor under the original lease for the duration of the Sublease.

X. Disputes. If a dispute arises during or after the term of this Sublease between the Sublessor and Sublessee, they shall agree to hold negotiations amongst themselves before any litigation.

XI. Written Agreement. This Sublease constitutes the sole agreement between the Sublessor and Sublessee with no additions, deletions, or modifications that may be accomplished without the written consent of both parties (ANY ORAL REPRESENTATIONS MADE AT THE TIME OF EXECUTING THIS LEASE ARE NOT LEGALLY VALID AND, THEREFORE, ARE NOT BINDING UPON EITHER PARTY).

XII. Language. The words "Sublessor" and "Sublessee" as used herein include the plural as well as the singular; the language in this Sublease intends no regard for gender.

XIII. Smoking Policy. Smoking on the Premises is prohibited on the entire property, including individual units, common areas, every building and adjoining properties.

XIV. Original Copies. Each signatory to this Sublease acknowledges receipt of an executed copy thereof.

XV. Landlord's Consent. The original lease between the Landlord and Sublessor does not allow the right to sublet the residence. The Landlord has given consent and their written statement shall be attached to this Sublease.

XVI. Governing Law. This Sublease shall be bound to *the* laws in the State where the Premises is located.

XVII. Additional Terms or Conditions. None.

XVIII. Date & Signature. The parties hereby bind themselves to this agreement by their authorization affixed below on

Sublessor's Signature _____

Sublessee's Signature _____

ORIGINAL LEASE ATTACHED (INITIAL) — —

Move-in Checklist

Property Address: _____

Move-in Inspection **Date:** _____ Move-out Inspection **Date:** _____

Write the condition of the space along with any specific damage or repairs needed. Be sure to write any repair needed such as paint chipping, wall damage, or any lessened area that could be considered maintenance needed at the end of the lease, and therefore, be deducted at the end of the lease term.

Living Room

Floors Condition _____ Specific Damage _____
Walls Condition _____ Specific Damage _____
Ceiling Condition _____ Specific Damage _____
Windows Condition _____ Specific Damage _____
Lighting Condition _____ Specific Damage _____
Electrical Outlets Condition _____ Specific Damage _____
Other Condition _____ Specific Damage _____
Other Condition _____ Specific Damage _____

Dining Room

Floors Condition _____ Specific Damage _____
Walls Condition _____ Specific Damage _____
Ceiling Condition _____ Specific Damage _____
Windows Condition _____ Specific Damage _____
Lighting Condition _____ Specific Damage _____
Electrical Outlets Condition _____ Specific Damage _____
Other Condition _____ Specific Damage _____
Other Condition _____ Specific Damage _____

Kitchen Area

Stove/Oven Condition _____ Specific Damage _____
Refrigerator Condition _____ Specific Damage _____
Sink/Faucets Condition _____ Specific _____ Damage _____
_____ Floors Condition _____ Specific _____
Walls Condition _____ Specific Damage _____
Ceiling Condition _____ Specific Damage _____
Windows Condition _____ Specific Damage _____
Lighting Condition _____ Specific Damage _____
Electrical Outlets Condition _____ Specific Damage _____
Cabinets Condition _____ Specific Damage _____
Closets Condition _____ Specific Damage _____
Exhaust Fan Condition _____ Specific Damage _____
Fire Alarms Condition _____ Specific Damage _____
Other Condition _____ Specific Damage _____
Other Condition _____ Specific Damage _____

Bedroom(s)

Doors/Locks Condition — Specific Damage. _____
 ___ Closets Condition Specific Damage. _____
 Floors Condition Specific Damage. _____
 Walls Condition Specific Damage. _____
 Ceiling Condition Specific Damage. _____
 Windows Condition Specific Damage. _____
 Lighting Condition Specific Damage. _____
 Electrical Outlets Condition Specific Damage. _____
 ___ Other Condition Specific Damage. _____
 Other Condition _____ Specific Damage. _____

Bathroom(s)

Sink/Faucets Condition — Specific Damage _____
 Shower/Tub Condition Specific Damage. _____
 Curtain/Door Condition Specific Damage. _____
 Towel Rack Condition Specific Damage. _____
 Toilet Condition Specific Damage. _____
 Doors/Locks Condition Specific Damage. _____
 Floors Condition Specific Damage. _____
 Walls Condition Specific Damage. _____
 Ceiling Condition Specific Damage. _____
 Windows Condition Specific Damage. _____
 Lighting Condition Specific Damage. _____
 Electrical Outlets Condition Specific Damage. _____
 ___ Other Condition Specific Damage. _____
 Other Condition _____ Specific Damage. _____

Other

Heating Condition _____ Specific Damage. _____
 AC Unit(s) Condition Specific Damage. _____
 Hot Water Heater Condition Specific Damage. _____
 ___ Smoke Alarm(s) Condition Specific Damage. _____
 Door Bell Condition Specific Damage. _____
 Other Condition Specific Damage. _____
 ___ Other Condition _____ Specific Damage. _____
