

**SUBLEASE AGREEMENT
FOR AN APARTMENT**

LESSOR

Name _____
Address _____
Personal ID number _____
Bank connection _____
Phone number _____

SUBTENANT

Name _____
Address _____
Personal id number _____
Phone _____
Bank connection _____
E-mail _____

RENTAL LOCATION

Address _____
Room _____
Room area _____m2
Condition of the apartment: _____

RENTAL PERIOD

Starting date ____/____/_____
The agreement is valid Open ended agreement
Notice period According to Act on Residential Leases

RENT CHARGED FROM THE SUBTENANT

EUR / month _____
Due date 6th of each month
Other payments _____

DEPOSIT

Deposit Money deposit
Value _____ EUR
Paid on ____/____/_____

OTHER TERMS

The subtenant agrees to follow TOAS's general rules. The size of the entire apartment is _____m2. The tenant has one room for their own use. Other facilities are shared by tenants.

SIGNATURES

This contract is also subject to the Act on Residential Leases (481/95)

Time and place _____

The lessor's signature

Subtenant's signature