

Sublease Contract

Tenant Name: Jason Bifulco

DOB: 07/12/2005

Home Address: 3091 Corlear Dr

Cell Phone: (315)516-5007

Email Address: jbifulco12@gmail.com

Social Security Number: 045-08-3622

Property Owner: University Area Apartments
614 S Crouse Ave #200
Syracuse, NY 13210

Subtenant Name: Kiven Xiong

DOB: 11/09/2004

Home Address: 4230 Blue Beech Ln

Cell Phone: (315)572-1367

Email Address: kxiong@syr.edu

Social Security Number: 085-94-355

Driver's License Number: 876-962-540

Term of the Sublease:

The subtenant Kiven Xiong agrees to rent the property located at 329 Comstock Apt 7 from the tenant Jason Bifulco. The subtenant shall rent the property from January 1st until April 30th. When the subtenant leaves the premises, it shall be in a clean condition and in good repair. The subtenant also agrees to pay a security deposit of \$ 0 to UAA on January 1st. UAA will not hold a subtenant security deposit. The security deposit shall be returned minus any damages or unpaid rent within 30 days after the termination of this sublease and inspection of the premises by the tenant.

Rent:

The subtenant shall pay rent of \$ 650 per month on the 15th day of the previous month to UAA at Online Portal. Subtenant is responsible for payments from January 15th to April 15.

Rules and Regulations:

The subtenant agrees not to assign or transfer this sublease in whole or part without prior written consent of the tenant. The subtenant also agrees to abide by the term and conditions of the attached lease dated the 8th of October, 2025 between the property owner and the tenant. Tenant and subtenant agree that this contract is by and between them only. No third party is involved. A copy of this sublease contract must be filed with University Area Apartments.

Additional Provisions:

Tenant will be responsible for the last 4 payments of the lease. Tenant will give his parking pass to the subtenant.

Tenant: Jason Bifulco

Subtenant: Kiven Xiong

Sublease Contract

Tenant Name: _____ **Subtenant Name:** _____
DOB: _____ **DOB:** _____
Home Address: _____ **Home Address:** _____

Cell Phone: _____ **Cell Phone:** _____
Email Address: _____ **Email Address:** _____
Social Security Number: _____ **Social Security Number:** _____
Property Owner: **University Area Apartments** **Driver's License Number:** _____
614 S Crouse Ave #200
Syracuse, NY 13210

Term of the Sublease:

The subtenant SUBTENANT NAME agrees to rent the property located at PROPERTY ADDRESS
(CONTINUED) from the tenant TENANT NAME. The subtenant shall rent the
property from MOVE IN DATE until MOVE OUT DATE. When the subtenant leaves the premises, it
shall be in a clean condition and in good repair. The subtenant also agrees to pay a security deposit of
\$ AMOUNT to TENANT NAME on DATE. UAA will not hold a subtenant
security deposit. The security deposit shall be returned minus any damages or unpaid rent within 30 days after the
termination of this sublease and inspection of the premises by the tenant.

Rent:

The subtenant shall pay rent of \$ AMOUNT per month on the 15th day of the previous month to
UAA OR TENANT at ONLINE PORTAL, CHECK, ETC.. Subtenant is responsible
for payments from DATE to DATE.

Rules and Regulations:

The subtenant agrees not to assign or transfer this sublease in whole or part without prior written consent of the tenant.
The subtenant also agrees to abide by the term and conditions of the attached lease dated the DAY of
MONTH, YEAR between the property owner and the tenant. Tenant and subtenant agree that this
contract is by and between them only. No third party is involved. A copy of this sublease contract must be filed with
University Area Apartments.

Additional Provisions:

Tenant: _____

Subtenant: _____