

Apartment Sharing Contract

Contract #	<u>789</u>
File No.	<u>123</u>
Date	<u>2020-07-28</u>

Agreement between: PROPERTY OWNER

And (customer) TENANT

(1) Customer seeks information regarding shared living accommodations with the following:

Date Available: <u>2020-07-28</u>	Monthly/ Weekly rental Range \$: <u>200 -600</u>
Geographical Location: <u>phase 8 mohali</u>	Type of Accomodation: <u>Room</u>
Elevator Service required: <input checked="" type="radio"/> Yes <input type="radio"/> No	
Other Requirements: <u>passport photo</u>	

(2) Vender represent that the following listings Meet customers specification as set forth in Paragraph(1):

Address: <u>71 Lower River Dr. Bronx, NY</u>	Name of Owner or Primary Tenant: <u>sandeep kumar</u>
Phone # of Owner: <u>+18847354731</u>	Phone # of Owner: <u>+18847354731</u>
Utility required: <input checked="" type="radio"/> Yes <input type="radio"/> No	Floor Location: <u>porweowe</u>
Elevator Service required: <input checked="" type="radio"/> Yes <input type="radio"/> No	Date: <u>2020-07-28</u>

(3) Non-Refundable Fee Paid:\$ 200

(4) Contract Terms:

Contract start Date: 2020-07-28 Approximate Duration: ☐ 1 month ☒ 2 months ☐ 3 months ☐ 1 year

(5) The Vendor Agrees To Be Personally Responsible And Liable For Carrying Out The Terms Of This Agreement.

(6) Any Complaints About This Apartment Sharing, AGENT SHOULD BE MADE TO:

New York State, Department of state office of the New York State, 123 William Street 19th FL Department of State New York, NY 10038.

Telephone: (212) - 417-5747

(7) This Document Has Been Filled Out And Signed By:

Agent Name: _____
Agent Signature: _____
Date: _____

Customer Name: _____
Customer Signature: _____
Date: _____

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Additional Notes:

Agent Name: test12

Agent Signature: test123

Date: 23 jun, 2020

Customer Name: abc

Customer Signature: abc

Date: 23 jun, 2020