

# Apartment Sharing Contract

Contract #	<u>789</u>
File No.	<u>123</u>
Date	<u>2020-07-27</u>

Agreement between: PROPERTY OWNER

And (customer) TENANT

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

Date Available: <u>2020-07-27</u>	Monthly/ Weekly rental Range \$: <u>200 -600</u>
Geographical Location: <u>phase 8 mohali</u>	Type of Accommodation: <u>Apartment</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>2020-07-27</u>

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

**(4) Contract Terms:**

Contract start Date: 2020-07-27      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: dinesh kumar  
Agent Signature: \_\_\_\_\_  
Date: 2020-07-27

Customer Name: Anoop kumar  
Customer Signature: \_\_\_\_\_  
Date: 2020-07-30

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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