

# APPLICATION FOR SUBLETTING

## I WISH TO SUBLET MY APARTMENT

AS OF \_\_\_\_\_  
(Date)

## INFORMATION ABOUT WHERE YOU LIVE (YOUR LEASE)

TENANT 1\* \_\_\_\_\_  
(Your name)

E-MAIL\* \_\_\_\_\_

PHONE\* \_\_\_\_\_

TENANT 2 \_\_\_\_\_  
(The name of your co-occupant)

E-MAIL \_\_\_\_\_

PHONE \_\_\_\_\_

LEASE NUMBER\* \_\_\_\_\_  
The same as your customer number – You can find your customer number at the top of your rent invoice.

NUMBER OF ROOMS TO BE SUBLETED\* \_\_\_\_\_

ADDRESS\* \_\_\_\_\_

POSTAL CODE\* \_\_\_\_\_ CITY\* \_\_\_\_\_

\* Required fields

## SIGNATURE (TENANT 1)

\_\_\_\_\_

NAME\* \_\_\_\_\_  
(Your name)

DATE\* \_\_\_\_\_

SIGNATURE\* \_\_\_\_\_

## DEAS

\_\_\_\_\_

NAME\* \_\_\_\_\_

DATE\* \_\_\_\_\_

SIGNATURE\* \_\_\_\_\_

TO BE ABLE TO SUBLET YOUR APARTMENT THERE ARE SOME CONDITIONS TO BE FULFILLED:

- You must be able to prove that your subletting is temporary and is due to illness, business travels, deployment, studying abroad or similar.
- The duration of subletting must not exceed 2 years (without interruption).
- You must have a written contract with the person to whom you are subletting your apartment or room (your tenant).
- You must send a copy of the subletting contract accompanied by this form to DEAS prior to subletting.
- DEAS must receive the application at least 1 1/2 month prior to subletting.
- If you wish to sublet only parts of your apartment, you cannot sublet more half of the habitable rooms in the apartment. Furthermore, the number of residents in the apartment must not exceed the number of habitable rooms.
- The person to whom you are subletting cannot take over the tenancy when the subletting is over, regardless of whether you want to end the lease or not.
- As a tenant, you are responsible for rent payment, adherence to the rules, and that the apartment is not neglected.



If you have any questions for DEAS, you can find contact information about your property manager on [www.deas.dk/contactperson](http://www.deas.dk/contactperson), or you can call (+45) 70 30 20 20.

## SIGNATURE (TENANT 2)

\_\_\_\_\_

NAME \_\_\_\_\_  
(The name of your co-occupant)

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## HOW TO SEND YOUR APPLICATION

\_\_\_\_\_

Fill out the form electronically, then print it and take care of the signatures. After that, send it to [info@deas.dk](mailto:info@deas.dk) or mail it to DEAS A/S, Dirch Passers Allé 76, 2000 Frederiksberg.

We ask you to attach a copy of the subletting contract. When DEAS has received the application, you will be notified whether subletting can be approved. If it is approved, the form is returned to you with a DEAS signature.