



Rose Associates, Inc.

ROOMMATE AUTHORIZATION FORM

I, _____, residing at _____
hereby informs Rose Associates, Inc. as agent for London Terrace Gardens that

_____ is my roommate and occupies the apartment as his/her primary residents. I understand that the issuance of a London Terrace Gardens roommate keycard does not serve to grant my roommate any rights or priveges reserved by prime tenant, but is merely for access purposes. I acknowledge that during the period my roommate occupies this apartment, I will be occupying this apartment as my primary residence and I understand that in the event I vacate the apartment my roommate must vacate at the same time. I understand that the Landlord has no contractual relationship with my roommate. Accordingly, I am responsible and liable for the actions of my roommate.

I further understand that I must inform Rose Associates, Inc. in writing if my roommate vacates my apartment and that I am obligated to assure the prompt surrender of his/her roommate keycard to the Management Office located at 435 West 23 Street upon vacatur.

PLEASE NOTE – THERE WILL BE A \$25.00 CHARGE FOR KEYS NOT RETURNED TO THE MANAGEMENT OFFICE.

Tenant's Signature

Date