STOCKHOLMS STUDENTBOSTÄDER

SUBLETTING OF STUDENT ACCOMMODATION

Before you send your application - please read all information about subletting on My pages.
We will process your application when it is complete.

REASON FOR SUBLETTING

- ☐ Exchange studies
- ☐ Free term
- ☐ Try to live with partner - maximum of six months

Reasons below needs to be approved by the Housing Committee

- ☐ Parental leave
- ☐ Military service
- ☐ Cared for in hospital

APPLICANT

First name	Last name	Personal number/Username (PYYMMDDN)
Street address + apartment number	Postal code	City
E-mail	Phone number	
I wish to sublet my accommodation From _____-_____-_____ (Year-Month-Day) To _____-_____-_____ (Year-Month-Day)		
Address during subletting (only required for Try to live with partner)	Postal code	City
Signature	City	Date .....

☐ **I hereby certify that I will move back and resume my studies after my subletting period.**

SUBLETTING TENANT (Needs to be registered on sssb.se)

First name	Last name	Personal number/Username (PYYMMDDN)
Address	Postal code	City
E-mail	Phone number	
Signature	City	Date .....

CHECK LIST FOR ATTACHED DOCUMENTS

- ☐ Transcript of records
- ☐ Certificate of registration
- ☐ Copy of your subtenant's ID
- ☐ The subtenant's certificate of registration

For studies abroad:

- ☐ A power of attorney
- ☐ A certificate about your studies abroad from your school in Stockholm

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STIFTELSEN STOCKHOLMS STUDENTBOSTÄDER
Box 19608 | 104 32 Stockholm | Visiting address: Körsbärsvägen 2
Customer service 08-458 10 00 | information@sssb.se |
www.sssb.se