

Lehigh University Family and Roommate Agreement

Saucon Village

_____ Duh Drive Apartment _____

By signing below those over 18 years old acknowledge and understand that:

1. I have received, read, and will abide by the terms and conditions of the General Provisions of Occupancy (GPO) signed by the Occupant of the apartment, and failure to abide by the terms and conditions may result in my immediate removal from the apartment.
2. I have acquired no contractual, property, tenancy or other rights to the apartment by virtue of my occupancy or by signing this Acknowledgement. Accordingly, if, at any time, the Housing Contract signed by the Occupant is terminated, either voluntarily or involuntarily, I will be required to vacate the apartment.
3. The Office of Housing Services will have primary communication with the Occupant. The Occupant remains responsible for communicating any information related to the apartment such as maintenance work, lease updates, or emergency protocol to me.
4. I am not permitted to reside in the apartment without the Occupant for more than thirty (30) consecutive days. Occupancy for more than thirty (30) days without the Occupant present requires submission of a Temporary Occupancy Replacement Agreement to the Office of Housing Services.
5. I am not permitted to move into the apartment (including my belongings) until I have been cleared by the university to move-in. I am responsible for picking up my keys and ID within 24 hours of moving into the apartment.

Occupant Information

Name: _____
Last First

LIN: _____

Email: _____

Phone: _____

Signature: _____

Date: _____

Family/Roommate Information

Name: _____
Last First

Relationship to Occupant: _____

Gender: _____

Lehigh Status: Graduate Student Other

LIN: _____

Lehigh Email: _____ @lehigh.edu (leave blank if not a student)

Birthday: Month ____ Day ____ Year ____

Phone: _____

Do you have a Lehigh ID Card? Yes No

Move In Information:

- New Roommate/Family- Move in Date _____
 Current Roommate/Family submitting a renewal for next semester

Key Information: Need Keys Have Keys

Length of Stay: (Select one)

- Summer Term (Jun-Aug)
 Fall Term (Sept-Dec)
 Spring Term (Jan-May)
 Spouse/Partner (until current contract expires)

Approved for Lehigh University by _____

Date _____