



Office of the Registrar

Alternative Lease

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street, S315
New York, NY 10007-1097
tel. 212 220-1290
fax. 212 220-1254

Student Information

First Name _____

Last Name _____

Student ID _____

Semester Fall Spring Summer

Year 20_____

Alternative Lease Checklist

- From completed, signed, and notarized
- Proof of Address for our roommate
(I.e. Annual Lease or Utility Statements for length of stay)

ALTERNATE LEASE STATEMENT

Name of Student _____ Semester _____
Last First

SS# _____ Phone# () _____

Address _____
No. Street Apt# County State Zip

I have lived at the above address from _____ to _____
M/Y M/Y

But the lease is not in my name.



TO BE COMPLETED BY THE PERSON WHOSE NAME APPEARS ON THE LEASE/CONTRACT.

I _____ certify that I reside at the address indicated above and that
Owner/leasee's name

_____ has resided with me from _____ to _____
Student's name M/Y M/Y

Proof that I have resided at the above address for one year is attached (e.g., lease, telephone bill, utility bill, apartment or house insurance, mortgage statement).

Signed _____ Date _____

NOTARIZED



I certify that the above information is accurate and complete I understand that this information may affect my residency status at the college.

I understand that if I provided false information or withhold relevant information in order to obtain resident status, The City University may revoke its determination of in-state residency, and that I will owe non-resident tuition to the University for each semester or session that I have attended under these circumstances. I also understand that I may be subject to disciplinary action.

Singed _____ Date _____

NOTARIZED