

Shuster Hall, Room 161 250 Bedford Park Blvd. West Bronx, NY 10468 p. 718-960-8777 lehman.edu/graduate-admissions

## ALTERNATE LEASE STATEMENT

Name of the student	Last	First		Semester
Last 4 S.S.#	_		Phone # (	)
Address No. Street		Apt.#	City	State Zip code
I have lived at the above addre	ess from	Month/Year	to	
but the lease is <u>not</u> in my name	9.			
To be completed by the p	erson whose i	name appear	s on the lease c	ontract.
Owner/ Leasee's Name		cert	ify that I reside at	the address indicated
and that has resided with me from to				
Proof that I have resided at the utility bill, apartment or house i				, lease, telephone bill,
Signed			Date	
Notarized				
I certify that the above information affect my residency status at the state of the	ne college. Ise information rsity may revok University for e	or withhold re te its determine each semeste	elevant information nation of in-state reference of the contraction of	on in order to obtain residency and that I will I have attended under
Signed			_ Date	