THIS AGREEMENT made and executed this ______ day of __________________________ and between:

THE ALBERT EINSTEIN COLLEGE OF MEDICINE, STAFF HOUSING.

Hereinafter called the Lessor, and __________________________, __________________________
hereinafter called the Automobile Owner. Apt No. ____________

WITNESS, that the Lessor has agreed to and does hereby lease unto the Automobile
Owner a space known as No. _____ on a monthly agreement for the sum of * ________
Dollars beginning on the first day of occupancy

________________________ / __________ / __________
Month Day Year

The Automobile Owner, agrees that the Lessor shall not be responsible for any loss, theft or
damage to the said automobile, nor shall the Lessor be responsible for any loss or damage to
the said automobile or part thereof, while in, or being driven to or from, said premises,
however caused.

The Automobile Owner agrees that all automobiles in said premises shall be driven and handled
at the risk of the owner thereof, and any person driving said automobile shall, and is hereby
agreed to, be the servant and employee of the owner.

NO PERSON IS AUTHORIZED TO ACCEPT POSSESSION, CARE OR CUSTODY OF ANY ARTICLES IN
SAID AUTOMOBILE OR TO AGREE TO ANY CHANGE OR CONDITIONS HERENIN CONTAINED.

IT IS FURTHER UNDERSTOOD AND AGREED, that in the event said agreement is cancelled the
Automobile Owner agrees to remove said automobile from premises promptly upon demand
otherwise the Automobile Owner authorizes the Lessor to remove said automobile without
assumption of any liability whatsoever.

IT IS FURTHER UNDERSTOOD AND AGREED, that the Automobile Owner will give to the Lessor a
Thirty-Day Notice in writing of any intention to vacate or cancel this agreement, said notice to
be effective on the first day of the month.

COMPANY AGENT

By: __________________________
Housing Office

*Rate subject to Change

The Automobile Owner to Sign on This Line

Make of Car: __________________________ Year: ______ Color: ______ Lic. No. ______________

EMERGENCY TELEPHONE # _________________ Lab No. __________________