

**THE PORTER, INC.**  
**3600 Connecticut Avenue, NW**  
**Washington, DC 20008**

**APPLICATION FOR SUBLEASING**

Date \_\_\_\_\_ Apartment No. \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Current Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Residence for the past three years, including length of time at each location:

Address	Landlord including name of person to contact and phone number	# Years
_____	_____	_____
_____	_____	_____

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Length of Employment \_\_\_\_\_

Previous Employer \_\_\_\_\_ Address \_\_\_\_\_

Length of Employment \_\_\_\_\_

Number of persons to occupy the apartment \_\_\_\_\_

Full names of person(s) who will occupy the apartment

\_\_\_\_\_  
\_\_\_\_\_

**THREE PERSONAL REFERENCES (LOCAL)**

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This application is made subject to approval, and may without designated reason be disapproved by the Board of Directors. Full information must be provided. Any willful misinformation herein submitted will void this application.

Applicants must submit to the president of The Porter, Inc. three (3) letters of recommendation. Upon receipt of the application and letters of recommendation the Board of Directors will meet at the convenience of the Board to interview the applicant. The Board will notify the applicant of its decision regarding this application for subleasing.

Additional or future occupants not listed must be approved by the Board of Directors.

Failure by occupants or visitors to comply with the rules and regulations promulgated for the operation of this corporation and its building will be sufficient cause for the Board of Directors to terminate any subleasing agreement based hereon.

I authorize The Porter, Inc. and/or its agent to contact the above named persons and conduct a credit investigation as a requirement for processing this application.

I understand the concept of a cooperative apartment building and I am willing to donate my services to assist in the operation of the building.

I have read and agree to comply with all conditions stated in the Bylaws, Occupancy Agreement, and House Rules if my application is accepted by the Board of Directors.

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**SIGNATURE OF APPLICANT**

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**SIGNATURE OF APPLICANT**  
(if more than one person is applying)

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**DATE**

(Adopted November 1979  
Amended October 1993)