

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

APPLICATION FOR SUBLEASING

DATE: _____

Unit # _____

NAME OF APPLICANT(S): _____

PHONE: _____ EMAIL: _____

RESIDENCE HISTORY (past three years):

ADDRESS	LANDLORD NAME/PHONE+EMAIL	# YEARS
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EMPLOYER: _____

SUPERVISOR'S NAME: _____

PHONE: _____ EMAIL: _____

NUMBER OF PERSONS TO OCCUPY THE APARTMENT: _____

FULL NAMES OF PERSON(S) OTHER THAN APPLICANT WHO WILL OCCUPY THE APARTMENT:

LENGTH OF REQUESTED LEASE: _____

REFERENCES

Three references are required along with this application. These should be three people who can vouch for the applicant's standing as a reliable and considerate neighbor. References and this application should be emailed to:

NAME OF BOARD MEMBER:

BOARD MEMBER'S EMAIL:

This application is made subject to approval and may without designated reason be disapproved by the Porter Board of Directors. Full information must be provided. Any willful misinformation herein submitted will void this application. The Board of Directors will meet at its convenience to interview the applicant and will notify the applicant of its decision to approve 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.

SIGNATURE OF APPLICANT

PRINT NAME

DATE: _____

SIGNATURE OF APPLICANT (if more than one)

PRINT NAME

DATE: _____

I have agreed to sublease apartment # _____.

SIGNATURE OF SHAREHOLDER

DATE: _____