

**Application for Intern/Student Housing
Summer Housing
Exceptional Intern Living LLC
510 C Street NE, Lower Level, Washington, DC 20002
Phone/Fax 202-505-5294**

First Name: _____ **Middle Initial:** ___ **Last Name:** _____

Gender: _____ Male
_____ Female

Date of Birth: Month: _____ Day _____ Year _____

E-Mail Address: _____

Best phone number to reach you (cell phone preferred): _____

Address: _____

City _____ State _____ Zip Code _____

Emergency Contact (name, cell phone, email):

What university/college do you attend? _____

What are you majoring in? _____

What year are you? ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate Student

Where will you be interning in DC? _____

Who is your internship coordinator in DC (name, phone, email)?

Is this internship required as part of your major? Yes _____ No _____

Does your university/college currently have a Washington, DC program? Yes ___ No ___ Don't know _____

Personal Reference: Please list one, not family (phone, email and address):

All we have is quad housing – 4 persons per apartment.

Date you would you like to move in: _____ **Date you would like to move out:** _____

Do you have someone you would like to room with? Yes _____ No _____ **If yes, name:**

Signature: By signing this application, you agree to our policies.

Name: _____ **Date:** _____