

COMMERCIAL LEASE APPLICATION

A separate application is required for each business partner and the co-signer (if applicable).

PLEASE PRINT LEGIBLY. Complete this application with all pertinent details. If accepted this application becomes a part of the lease agreement. A misrepresentation of facts in this Application is justification for immediate termination of your tenancy.

ADDRESS OF PROPERTY BEING APPLIED FOR

Address: _____ City _____ State _____ Zip _____

PERSONAL

Applicant Full Name: _____

SS # _____ Date of Birth _____ Home Tele # _____ Cell # _____

Present Home Address _____ City _____ State _____ Zip _____

How Long At This Address _____ Own or Rent _____ E-mail _____

If You Rent: Owner/Manager: _____ Tele # _____

Drivers Lic. # _____ State where issued _____

Vehicle Make, Model & Year _____ License # _____

In Case of Emergency Contact _____ Relationship _____ Tele # _____

Address: _____ City _____ State _____ Zip _____

Have you ever been evicted (business or residential), asked to vacate, or had any judgments levied against you? Y N Ever file Bankruptcy? Y N

Give dates and particulars _____

BUSINESS

Corporation/Business Name _____ Business Tele # _____

(Please provide us with an Articles of Organization & Corporate Resolution indicating authority of person who will be signing lease.)

Sole Prop. _____ Partnership _____ Corp. _____

Principal #1: Full Legal Name: _____ Title: _____

Principal #2: Full Legal Name: _____ Title: _____

Year Established _____ Employer ID# _____ Number of Employees _____

Type of Business _____ Website: _____

Flammable or Hazardous Materials and amounts that will be stored on site (i.e. gas, paint, propane, oil, solvents, etc.) _____

BUSINESS RENTAL HISTORY

Present Business Address _____ Tele # _____

Rent _____ Own _____ Rental/Mortgage Amount Paid Monthly _____ From/To _____

How Long at this Address _____ Reason for Leaving: _____

Landlord Name/Mortgage Co. _____ Tele # _____

EMPLOYMENT HISTORY

Current Employer _____ Tele # _____

Address: _____ City _____ State _____ Zip _____

Supervisor _____ Tele # _____

Gross Monthly Salary _____ Position _____ How Long _____

Previous Employer _____ Tele # _____

Address: _____ City _____ State _____ Zip _____

Supervisor _____ Tele # _____

Gross Monthly Salary _____ Position _____ How Long _____

BUSINESS BANKING REFERENCE

1) Bank _____ Officer _____ Tele # _____

Address: _____ City _____ State _____ Zip _____

Account # _____ Account Type _____ Branch _____ Balance _____

2) Bank _____ Officer _____ Tele # _____

Address: _____ City _____ State _____ Zip _____

Account # _____ Account Type _____ Branch _____ Balance _____

3) Bank _____ Officer _____ Tele # _____

Address: _____ City _____ State _____ Zip _____

Account # _____ Account Type _____ Branch _____ Balance _____

BUSINESS REFERENCES

1) Company _____ Tele # _____

Address _____ City _____ State _____ Zip _____

2) Company _____ Tele # _____

Address _____ City _____ State _____ Zip _____

3) Company _____ Tele # _____

Address _____ City _____ State _____ Zip _____

PERSONAL FINANCIAL

Assets

1. Savings & Checking	\$ _____
2. Stocks & Bonds	\$ _____
3. Real Estate Assets	\$ _____
4. Life Insurance	\$ _____
5. Automobiles	\$ _____
6. Other (personal possessions, etc.)	\$ _____
TOTAL ASSETS	\$ _____

Liabilities

Loans –Banks, Financial Institutions	\$ _____
Mortgages-Real Estate	\$ _____
Auto Loans	\$ _____
Other Accounts Payable	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL LIABILITIES	\$ _____

Average Monthly Income

Salary (or other primary Income source)	\$ _____
Interest, rent, dividends, etc.	\$ _____
Other _____	\$ _____
_____	\$ _____
TOTAL MONTHLY INCOME	\$ _____

Average Monthly Expenses

Living Expenses (rent, food, clothing, medical, etc.)	\$ _____
Insurance, loan payments	\$ _____
Automobile Payments	\$ _____
Other _____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____

1. Banking Reference (Savings & Checking)

Bank	Address	Officer	Tele #	Account #	Balance

2. Stocks & Bonds/Securities

Number Of Shares	Description	In Name Of	Are These Pledged?	Value

3. Real Estate Owned

Address & Type of Property	Title in Name Of	% Of Ownership	Date Acquired	Cost	Current Market Value	Monthly Mortgage Payment P & I	Mortgage Balance

4. Life Insurance

Name of Insurance Company	Owner Of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

5. Automobiles

Make/Model	Year	Current Market Value	Monthly Payment	Loan Balance

I (we) hereby authorize any person or company to supply you with any information requested concerning me (us).

This is to inform you that as part of our procedure for processing your application, an investigation and consumer report may be prepared whereby information is obtained through personal interviews with your current Landlord, employer, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time, to receive additional detailed information about the nature and scope of this investigation.

I (we) fully understand that misrepresentation or concealment relative to any of the above facts will, at Lessor's option, void our rights under any agreement entered into and loss of any deposits for the rental or premises being applied for.

In consideration of the Lessor reserving this unit for me, I hereby waive all rights to any sums tendered herewith, which will be retained by the Lessor as liquidated damages in the event I do not choose to enter into the Lease Agreement applied for herein.

Applicant

Date