



COMMERCIAL LEASE APPLICATION

Property Name/Location

BUSINESS INFORMATION

Business Legal Name

Entity's Legal Status

Street Address / City / State / Zip

Phone Number

Email

Tax ID Number

Intended Use of the Property

*IF A CORPORATION, PLEASE INCLUDE A COPY OF THE ARTICLES OF INCORPORATION

APPLICANT INFORMATION

First Name

Middle Name

Last Name

Date of Birth

Social Security Number

Phone Number (w/ area code)

Current Home Address / City / State / Zip

Own or Rent?

Monthly Payment

How long at Residence?

Previous Home Address / City / State / Zip

Own or Rent?

Monthly Payment

How long at Residence?

OFFICER INFORMATION

Name

Social Security Number

Title

Name

Social Security Number

Title

Name

Social Security Number

Title

BUSINESS REFERENCES

Business Name

Contact Name

Phone Number

Street Address / City / State / Zip

Business Name

Contact Name

Phone Number

Street Address / City / State / Zip

PERSONAL REFERENCES

Contact Name

Phone Number

Relationship

Street Address / City / State / Zip

ACCEPTANCE

Conditions & Information

All required fields of this lease application must be signed by all persons who will sign the lease agreement.

The completion of this application by the acceptance of this application by landlord create no obligation to approve the application.

This application will be approved or rejected, usually within five (5) business days of being submitted to the landlord, however, there is no obligation of the landlord to notify tenant unless the application is approved.

If this application is approved, tenant must make the security deposit and sign the lease before tenancy begins.

By signature hereon, you agree that the information disclosed by you herein is true, complete, and accurate to the best of your knowledge, and you agree that the information disclosed by herein is material to the potential lessor's decision with respect to granting or denying your application to enter into a lease.

<u>Name (Print)</u>	<u>Date</u>	<u>Signature</u>
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