Commercial Lease Application

Landlord/Lessor/Mgt: Date of Application:

Location of Leased Premises:

Center Suite # S.F.

Business Name:

Name of Person who will sign lease:

# Person 1:

*(First)* *(Middle)* *(Last)*

Street Address:

City State Zip Phone Number (Work): ( )

Phone Number (Home): ( ) Phone Number (Mobile): ( ) E-mail Address:

Driver’s License No. State of Issuance:

Social Security Number: Date of Birth:

Is your business a corporation, LLC or other entity? Yes No

* If yes, what form of business entity?
* Federal Tax ID Number:
* State in which entity formed?
* Names of Person(s) who will Guarantee Lease
* **Person** **1**:
* Person 2

*(Will* *need* *to* *fill* *out* *a* *separate* *form* *unless* *married)*

Proposed use of premises?

Experience in business (please describe):

# COMMERCIAL RENTAL HISTORY

Present Address:

# Conditions and Information

All pages of this lease application must be signed by all persons who will sign the lease agreement. Additional tenant information is on page 2.

The completing of this application by Tenant and the acceptance of this application by Landlord creates no obligation of Landlord to approve the application.

This application will be approved or rejected usually within five (5) days of being submitted to landlord. However, there is no obligation of 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 the tenancy begins.

The information provided herein shall be kept confidential and will only be used by Landlord, and its agents to determine approval of Tenant’s application.

|  |
| --- |
| **For** **Landlord’s** **Use** **Only** |
| Rent Amount: |
| Deposit: |
| Date Lease to begin: |
| End of Lease: |

Rent □ Own □ Rent/Payment From/To:

Previous Address:

**(Continued** **on** **Page** **2)**

By your 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 you herein is material to the potential Lessor’s decision with respect to granting or denying your application to enter into a lease.

Signed: Date:

|  |  |
| --- | --- |
| **CREDIT** **REFERENCE** (current or former landlords, banks, vendors, etc.) Name:Address:City State ZipContact: Phone:**CURRENT** **MONTHLY** **INCOME**Name/Source Amount Name/Source Amount**CURRENT** **MONTHLY** **EXPENSES**Creditor Amount Creditor Amount |  |
|  |
|  |
|  |  |
| **ASSETS**Cash on Hand & in Banks |  | **VALUE** | **SOURCE** |  | **LIABILITIES** **AMOUNT** **CREDITOR**Accounts Payable |  |
| Savings Accounts |  |  |  |  | Notes Payable to Banks |  |
| IRA/Retirement Accounts |  |  |  |  | Auto Payments |  |
| Accounts Receivable |  |  |  |  | Other Installment Accounts |  |
| Insurance Cash Surrender |  |  |  |  | Loans on Life Insurance |  |
| Stocks & Bonds |  |  |  |  | Mortgages on Real Estate |  |
| Real Estate |  |  |  |  | Unpaid Taxes |  |
| Automobiles |  |  |  |  | Other Liabilities |  |
| Other Personal Property |  |  |  |  | Other Liabilities |  |
| Other Assets |  |  |  |  |  |  |
| Other Assets |  |  |  |  | **TOTAL** **LIABILITIES:** |  |
| Other Assets |  |  |  |  |  |  |
| **TOTAL** **ASSETS:** |  |  |  |  | **NET** **WORTH:** |  |
| **CONSENT** **TO** **CREDIT** **CHECK****I, the undersigned applicant(s), authorize landlord or his/her/their agent to order and review my/our credit and criminal history and investigate the accuracy of the information contained in the application. I/ We further authorize all banks, employers, creditors, credit card companies, references, and any and all other persons to provide to Landlord any and all information concerning my/our credit.**Signed: Date:  |  |