

Received on \_\_\_\_\_ (date) at \_\_\_\_\_ (time)

**COMMERCIAL RENTAL APPLICATION**

Each proposed applicant and co-applicant 18 years or older must submit a separate application.

**Property Address:** \_\_\_\_\_ (street) \_\_\_\_\_ (suite #)  
\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)  
Lease to begin: \_\_\_\_\_ Monthly Base Rent: \$ \_\_\_\_\_ Lease Term: \_\_\_\_\_

Applicant's name (first, middle, last) \_\_\_\_\_  
Is there a co-applicant(s)?  yes  no if yes, co-applicant must submit a separate application  
E-mail \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Emergency Contact Name & No.: \_\_\_\_\_  
Soc. Sec. No. \_\_\_\_\_ Driver License No. \_\_\_\_\_ In \_\_\_\_\_ (state)  
Date Of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name all other partners who will occupy the Property:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Current Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_  
\_\_\_\_\_ (city, state, zip)  
Landlord's Name: \_\_\_\_\_  
Landlord's Phones: \_\_\_\_\_ (day) \_\_\_\_\_ (night) \_\_\_\_\_ (cell)  
Date Moved-In \_\_\_\_\_ Move-Out Date \_\_\_\_\_ Rent \$ \_\_\_\_\_  
Reason for move: \_\_\_\_\_

Applicant's Previous Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_  
\_\_\_\_\_ (city, state, zip)  
Landlord's Name: \_\_\_\_\_  
Landlord's Phones: \_\_\_\_\_ (day) \_\_\_\_\_ (night) \_\_\_\_\_ (cell)  
Date Moved-In \_\_\_\_\_ Move-Out Date \_\_\_\_\_ Rent \$ \_\_\_\_\_  
Reason for move: \_\_\_\_\_

Applicant's Current Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ (street, city, state, zip)  
Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_ Position: \_\_\_\_\_

Applicant's Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ (street, city, state, zip)  
Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_ Position: \_\_\_\_\_

Describe other income Applicant wants considered: \_\_\_\_\_  
Bank's Name and Phone \_\_\_\_\_  
Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

Automobile – If Applicable

License Number \_\_\_\_\_ State \_\_\_\_\_  
 Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Plate \_\_\_\_\_ State \_\_\_\_\_

Has Applicant ever:	Yes	No	Explanation
Been Evicted?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Been asked to move out by a landlord?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Been sued for non-payment of rent?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Had any credit problems?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is there additional info Applicant wants considered?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are there any criminal matters pending against you?	<input type="checkbox"/>	<input type="checkbox"/>	_____

This Application is subject to prior Applications and shall remain the property of the owner. I certify that the above information is true and complete. Applicant understands that providing false or inaccurate information is grounds for rejection and a breach of any lease. I authorize the verification of this information by contacting any or all individuals, financial institutions listed above or credit reporting agencies. I hereby declare that the financial statements shall be signed and provided by an independent certified public accountant. I shall provide copies of a minimum of three (3) consecutive years of currently filed tax returns, both personal and corporate.

Applicant hereby authorizes Landlord or Landlord’s representatives to order an investigative consumer credit report to verify the information listed in this application, and further to release Landlord or Landlord’s representatives all information necessary to verify said application.

The Applicant understands that the Landlord will rely upon the truth of statements made herein. If, after approval, any misrepresentation shall be at any time disclosed, the Landlord or Landlord’s representatives may cancel said approval or any executed Lease; or if the Applicant shall have entered into possession, the Landlord or Landlord’s representatives shall have the right to recover possession.

The Landlord will, in no event, be bound, nor will possession by given unless and until Lease executed by the Landlord shall have been mailed or delivered to Tenant. The Applicant agrees that the Landlord is not bound by any agreements or promises made by salesmen, brokers, agents or other unless they are in writing and signed by the Applicant and by the Landlord.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Broker Information (if applicable):

Name: \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Phone: \_\_\_\_\_

For Landlord’s Use: On _____, _____ (name, initials) notified applicant By <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> in person that Applicant was <input type="checkbox"/> approved <input type="checkbox"/> not approved.
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