

# COMMERCIAL LEASE APPLICATION

## 1. Landlord & Property:

Landlord's/Lessor's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Square Feet (SF): \_\_\_\_\_ Property Name (if any): \_\_\_\_\_

## 2. Tenant/Business Owner:

Owner/Principal: \_\_\_\_\_

Ownership Percentage: \_\_\_\_\_ %

Title:  - President  - CEO  - Vice President  - Other \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security Number (SSN): \_\_\_\_\_

2<sup>nd</sup> Owner/Principal: \_\_\_\_\_

Ownership Percentage: \_\_\_\_\_ %

Title:  - President  - CEO  - Vice President  - Other \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security Number (SSN): \_\_\_\_\_

## 3. Company:

Company Name: \_\_\_\_\_

Principal Office Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Type of Entity:  - LLC  - Corporation  - Partnership  - Other \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Federal TAX ID Number (FEIN): \_\_\_\_\_

Business Type: \_\_\_\_\_ (e.g. "pharmacy", "convenience store", etc.)

**4. Lease Guarantee:**

Name(s) of the Person(s) that will Guarantee the Lease:

Person 1: \_\_\_\_\_

Person 2: \_\_\_\_\_

**5. Rental History:**

Present Address: \_\_\_\_\_

Rent: \$ \_\_\_\_\_ / Month  - Rent  - Own  - Other \_\_\_\_\_

If Renting, Name of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Rent: \$ \_\_\_\_\_ / Month  - Rent  - Own  - Other \_\_\_\_\_

If Rented, Name of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Rent: \$ \_\_\_\_\_ / Month  - Rent  - Own  - Other \_\_\_\_\_

If Rented, Name of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_

**6. Credit Reference:** (Former Landlord, Bank, Vendor, etc.)

1<sup>st</sup> Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

2<sup>nd</sup> Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

3<sup>rd</sup> Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**7. Current Monthly Revenue:**

Gross Revenue: \$ \_\_\_\_\_ Total Expenses: \$ \_\_\_\_\_

**8. Current Assets:**

Cash on Hand & in Banks \$ \_\_\_\_\_

Savings Accounts \$ \_\_\_\_\_

IRA/Retirement Accounts \$ \_\_\_\_\_

Accounts Receivable \$ \_\_\_\_\_

Insurance Cash Surrender \$ \_\_\_\_\_

Stocks & Bonds \$ \_\_\_\_\_

Real Estate \$ \_\_\_\_\_

Vehicles \$ \_\_\_\_\_

Other Personal Property \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Total Assets: \$ \_\_\_\_\_

**9. Current Liabilities:**

Accounts Payable \$ \_\_\_\_\_

Notes Payable to Banks \$ \_\_\_\_\_

Auto Payments \$ \_\_\_\_\_

Other Installment Accounts \$ \_\_\_\_\_

Loans on Life Insurance \$ \_\_\_\_\_

Mortgages on Real Estate \$ \_\_\_\_\_

Unpaid Taxes \$ \_\_\_\_\_

Other Liabilities \_\_\_\_\_ \$ \_\_\_\_\_

Other Liabilities \_\_\_\_\_ \$ \_\_\_\_\_

Other Liabilities \_\_\_\_\_ \$ \_\_\_\_\_

Total Liabilities \$ \_\_\_\_\_

**10. Banking References:**

1<sup>st</sup> Account Bank Name \_\_\_\_\_ Phone \_\_\_\_\_

Bank Address \_\_\_\_\_

Account Number \_\_\_\_\_ Type  - Checking  - Savings

2<sup>nd</sup> Account Bank Name \_\_\_\_\_ Phone \_\_\_\_\_

Bank Address \_\_\_\_\_

Account Number \_\_\_\_\_ Type  - Checking  - Savings

**11. Consent:**

I/We, \_\_\_\_\_, the undersigned applicant(s) authorize the  
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.

**Tenant(s):**

Signature  Date \_\_\_\_\_

Signature  Date \_\_\_\_\_