COMMERCIAL RENTAL APPLICATION

PLEASE COMPLETE AND EMAIL TO: **lydiafranz46@gmail.com**

Personal Information:

Last Name: _____ First: _____ Middle: _____

Social Security: _____ Date of Birth: _____ Maiden Name: _____

Driver's License #: _____ Phone: _____ Cell Phone: _____

Current Home Address: _____ How long there? _____

Employment Information:

Employed as: _____ Years employed in this line of work: _____

Employer: _____ Supervisor/Phone: _____

Prior Employment History: _____

Business Information:

Business Name: _____ Type of Business: _____

Business Entity (LLC, Corporation, etc.): _____ State of Incorporation: _____

Tax Identification Number (EIN): _____ Date Established: _____

Years in Business: _____ Current Business Address: _____

Website: _____

Financial Information:

Gross Annual Revenue (YTD): _____ Net Income (YTD): _____

Gross Annual Revenue (Last Year): _____ Net Income (Last Year): _____

Gross Annual Revenue (Prior Year): _____ Net Income (Prior Year): _____

Projected Revenue (next 1-2 years): _____

Occupancy and Use:

Intended Use of the Property: _____ Number of Employees on-site: _____

Any Planned Renovations or Modifications to the Premises? **Y / N** Describe (if Yes): _____

_____

Expected Foot Traffic (if retail): _____ Operational Hours: _____

References (Should include prior Landlords if applicable):

Bank Name: _____ Bank Contact: _____ Contact Phone: _____

Current/Previous Landlord:_____ Contact: _____ Phone: _____

Vendor #1: _____ Contact: _____ Phone: _____

Vendor #2: _____ Contact: _____ Phone: _____

Vendor #3: _____ Contact: _____ Phone: _____

Trade and Legal History:

Have you or the business ever declared bankruptcy? **Y / N** If so, what chapter, when and under what circumstances? _____

Have you ever been evicted or broken a lease? **Y / N** If so when and why? _____

_____

Has the business been involved in any lawsuits in the past five years? **Y / N** _____

Have you ever been convicted of a felony crime? **Y / N** If so for what and when? _____

Insurance Information:

Do you carry general liability insurance? **Y / N**

If yes, policy limit: _____ Insurance Provider: _____

In Case of Emergency:

Name: _____ Relationship: _____ Phone: _____
Address: _____

Name: _____ Relationship: _____ Phone: _____
Address: _____

Authorization and Certification:

I authorize the agent and/or the owner of this property to (1) verify any and all of the above information, (2) obtain a credit report and background check, and (3) verify any additional information provided in order to approve/deny me as Tenant.

I certify that the above information is true and correct, and I understand that any falsification or omission may lead to the denial of this application.

Date: _____ SIGN HERE:_____ Phone: _____