

COMMERCIAL APPLICATION FORM

This section is to be completed by the Applicant. Once Applicant is approved, a separate lease document will be drawn up between the Lessor and Lessee. Applicant must be at least 18 years old. No smoking is permitted in or around premises. A \$35.00 application and processing fee is required for each application. Payment must be in cash, cashiers check or money order.

PROPERTY/UNIT FOR LEASE			NAME OF OWNER/MANAGER	
ENTITY INFORMATION				
NAME			TAX ID#	
STREET ADDRESS			TELEPHONE ()	
			FAX ()	
CITY	STATE	ZIP	EMAIL	
ENTITY - CHECK TYPE				
LIVIIII - CHECK TIFE				
D/B/A		LLC		State of Formation or Jurisdiction
C Corporation		Limited Partnership		
S Corporation		Partnership		
PRINCIPAL OFFICER, OWNER, MA	NAGER: fill in	applicable personal in	ormation	
D/B/A	LAST NAME		FIRST NAME	MI
(Principal Owner must fill in	ADDRESS			
and execute)	CITY		STATE	ZIP
	PHONE ()		EMAIL	
	SSN -	-	DRIVER'S LICENSE #	STATE
	TITLE		D.O.B.	
	LAST NAME		FIRST NAME	MI
(Manager or Member - Manager	ADDRESS		FIRST INAIVIE	IVII
must fill in and execute)	CITY		STATE	ZIP
	PHONE ()		EMAIL	LII
	SSN -		DRIVER'S LICENSE #	STATE
	TITLE		D.O.B.	JIAIL
S/C Corporation	LAST NAME		FIRST NAME	MI
(President or Principal Owner must	ADDRESS			
fill in and execute)	CITY		STATE	ZIP
	PHONE ()		EMAIL	
	SSN -	-	DRIVER'S LICENSE #	STATE
	TITLE		D.O.B.	
Partnership and Limited	LAST NAME		FIRST NAME	MI
Partnerships	ADDRESS			
	CITY		STATE	ZIP
General Partner is an entity, an	PHONE ()		EMAIL	
individual Partner or Corp. Officer or	SSN -	-	DRIVER'S LICENSE #	STATE
Manager must execute)	TITLE		D.O.B.	
REFERENCES: BANKING & TRADE	REFERENCES (OF ENTITY		
PRINCIPAL BANKING	NAME			
INSTITUTION:	ADDRESS			
	PHONE ()	CONTACT	PERSON:
	TYPE OF ACCO	DUNTS	22	
		-		

TRADE/VENDOR	NAME
REFERENCES (2)	ADDRESS
NET ENERGES (2)	
	RELATIONSHIP
	NAME
	ADDRESS
	PHONE () CONTACT PERSON:
	RELATIONSHIP
BACKGROUND INFORMATION	
	A. Filed for bankruptcy? If so, indicate when and where.
HAVE YOU OR THE	
ENTITY EVER:	
	B. Failed to pay rent or mortgage when due? If so, indicate when and why.
	,
	C. Been a party to an eviction proceeding? If yes, please provide Property Address, City, State, Landlord Name, Case
	Name, Court and Docket #.
	D. Been convicted of a crime? If yes, please provide for each conviction: Type of Offense, Date of Offense, County,
	State.
	state.
OTHER INFORMATION	
Please include any other informa	tion you believe would help to evaluate this application.
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