

# COMMERCIAL LEASE APPLICATION

## Personal Information

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

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

## If less than three (3) years, list your previous home address:

Address: \_\_\_\_\_ City/ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Property Manager's Name/Company (if renting):

Name/Company: \_\_\_\_\_ Phone: \_\_\_\_\_

## Spouse:

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

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

## Check "Yes" or "No" for each of the following:

	YES	NO
Have you, your spouse, or any occupant listed above ever been evicted or asked to move?	<input type="checkbox"/>	<input type="checkbox"/>
Broken a rental agreement or lease contract?	<input type="checkbox"/>	<input type="checkbox"/>
Declared Bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
Been sued for non-payment of rent?	<input type="checkbox"/>	<input type="checkbox"/>
Been sued for damage to rental property?	<input type="checkbox"/>	<input type="checkbox"/>

## Please explain (city/state, year, location & type of each incident):

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**Credit History:**

Bank Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

**Business Information:**

Type of Business: \_\_\_\_\_

Are you: ☐ Relocating ☐ Expanding ☐ Starting a Business

Name of Current Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord/Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact them? ☐ YES ☐ NO How long at this location? \_\_\_\_\_Do you have other locations? ☐ YES ☐ NO If so, how many? \_\_\_\_\_**Please check the appropriate box:**☐ Individual/Sole Proprietor ☐ Corporation ☐ Partnership ☐ Other

Tax ID#: \_\_\_\_\_

**Business Credit Reference:**

Supplier Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Type &amp; Amount of Volume Per Month: \_\_\_\_\_

Supplier Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Type &amp; Amount of Volume Per Month: \_\_\_\_\_

## FINANCIAL STATEMENT

Name: \_\_\_\_\_ Statement Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_

### ASSETS

BANK NAME	AMOUNT

AUTOMOBILES					
Year:		Model:		Amount:	

NOTES DUE TO ME	AMOUNT
Secured by Real Estate	
Secured by Other Collateral	
Unsecured	
Other Receivables	
Stocks & Bonds	
Marketable Stocks	
Other Stocks	
Cash Value Life Insurance	
REAL ESTATE	
Homestead	
Other Real Estate	
OTHER	

TOTAL ASSETS:	
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**LIABILITIES**

NOTES PAYABLE TO BANKS	COLLATERAL	AMOUNT

OTHER NOTES PAYABLE (Secured)	COLLATERAL	AMOUNT

OTHER NOTES PAYABLE (Unsecured)	COLLATERAL	AMOUNT

TAXES OWED	COLLATERAL	AMOUNT
Income Tax		
Other Taxes		
Life Insurance Policy Loans		

LIFE INSURANCE POLICY LOANS	AMOUNT
Income Tax	
Other Taxes	
Life Insurance Policy Loans	

REAL ESTATE OWED	AMOUNT
Homestead	
Other	

OTHER LIABILITIES (Personal Bills)	AMOUNT

OWED AUTOMOBILES					
Year:		Model:		Amount:	

TOTAL LIABILITIES:	
NET WORTH:	
TOTAL LIABILITIES:	

CONTINGENT LIABILITIES	AMOUNT
As Endorser, Co-maker or Guarantor	
On Leases or Contracts	
Legal Claims	
Other	

ANNUAL INCOME	AMOUNT
Salary	
Commissions & Bonuses	
Dividends	
Other	

Have you executed a will covering your estate? ☐ YES ☐ NO

Name of Executor: \_\_\_\_\_

The above financial statement and supporting schedules, which are submitted for the purpose of obtaining credit, are true.  
Complete and correct representation of my financial condition as of the date above.

Witnessed by: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Prepared by: \_\_\_\_\_

**Applicant Checklist: (the following must be attached)**

Copy of Driver's License ☐

Copy of Social Security Card ☐

Business Plan ☐

Resume/Biography ☐

Certificate of Corporation ☐

Assumed Name Certificate ☐

Financial Statement ☐

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTES & ACCOUNTS RECEIVABLE**

MAKER	ORIGINAL AMOUNT	CURRENT BALANCE	MATURITY AND/OR PAYMENT SCHEDULE	COLLATERAL

**STOCKS & BONDS**

NUMBER OF SHARES	NAME OF ISSUER	WHERE TRADED	MARKET VALUE	PLEGDED (Y OR N)

**LIFE INSURANCE**

COMPANY	POLICY #	FACE AMOUNT	CASH SURRENDER/LOAN VALUE	POLICY LOAN	BENEFICIARY

**REAL ESTATE**

LOCATION/DESCRIPTION	CURRENT VALUE	MONTHLY INCOME	NAME ON TITLE	LIEN HOLDER	AMOUNT

Are you partner in any firm? ☐ YES ☐ NO If so, supply name and interest: \_\_\_\_\_

Are there any judgements or suits pending against you? For what amount? \_\_\_\_\_

Are any of your assets, other than those indicated in the schedule, pledged or hypothecated in any way? \_\_\_\_\_

## CREDIT REPORT AUTHORIZATION

I/we hereby announce Life Long Property Management, or whomever they may appoint, or any credit bureau, other investigation agency, or other financial institution, to investigate the references and statements submitted to obtain information regarding our employment, credit, bank, and savings account as needed to process our application or any time hereafter.

I/we hereby authorize them to release this information to parties concerned in the application process. This form may be reproduced to photocopied and that the copy shall be as effective as the signed original.

The undersigned certifies that the information supplied on this personal financial statement and any financial information submitted on other forms is true and correct.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**PROCESSING OF THIS APPLICATION WILL NOT BEGIN UNTIL INFORMATION IS SUBMITTED.**