

TWO SIDED Commercial Tenant Application

PLEASE PRINT ALL DETAILS AND COMPLETE ENTIRE FORM BOTH SIDES!!

STORE LOCATION _____

APPLICANT'S BUSINESS NAME _____ CORP ___ LLC ___

APPLICANT'S FULL NAME _____ AGE _____

APPLICANT'S EMAIL ADDRESS _____

SOCIAL SECURITY (REQUIRED FOR APPLICATION PROCESSING) _____

EIN # (REQUIRED IF LEASE WILL BE UNDER COMPANY NAME) _____

PICTURE OF DRIVERS LICENSE ATTACHED (REQUIRED FOR APPLICATION PROCESSING) _____

SPOUSE OR PARTNER'S NAME _____ AGE _____

BUSINESS PHONE _____ HOME PHONE _____ CELL PHONE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMPLOYER REFERENCE _____ PHONE NO. _____

ADDRESS OF EMPLOYER _____

HOW LONG EMPLOYED _____ POSITION HELD _____

BUSINESS REFERENCE _____ PHONE NO. _____

ADDRESS OF REFERENCE _____

POSITION HELD _____ CONTACT'S NAME _____

NATURE OF RELATIONSHIP _____

LANDLORD REFERENCE _____ ADDRESS _____

PHONE NO. _____ HOW LONG AT THAT ADDRESS _____

Banks where you maintain your accounts	Savings Name: _____	Address: _____
	Checking Name: _____	Address: _____

Have you ever been evicted or requested to vacate any commercial space? _____

Have you ever been arrested? _____ Have you or your company ever filed for Bankruptcy? _____

Do you have any law suits outstanding _____

How long in business _____ Other locations you own _____

Accountant's name & phone # _____

Attorney's name & phone # _____

A deposit of \$ _____ is hereby rendered. Should this application not be approved, Landlord shall not be responsible for any claim or damage other than the return of the deposit. If I (we) do not sign a lease and/or make all payments as provided for in this application within ten (10) days after approval, Landlord may, at his option, cancel this application and the deposit paid in by applicant shall be retained as liquidating damages by Landlord.

APPLICANT'S SIGNATURE _____ DATE _____

APPLICANT'S SIGNATURE _____ DATE _____

NOTE: IMPORTANT - YOU MUST COMPLETE ENTIRE FORM BOTH SIDES AND ATTACH A COPY OF YOUR DRIVER'S LICENSE.

Cash Income & Expenditures Statement For Year Ended _____ (Omit Cents)

ANNUAL INCOME	AMOUNT (\$)
Salary (applicant)	
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (co-applicant)	
Rental Income	
Other Investments Income	
Other Income (List):	
TOTAL INCOME	

ANNUAL EXPENDITURES	AMOUNT (\$)
Federal Income and Other Taxes	
State Income and Other Taxes	
Rental Payments, Co-op, or Condo Maintenance	
Mortgage Payments Residential	
Property Taxes Residential	
Investment Payments	
Insurance	
Alimony / Child Support	
Tuition	
Other Living Expenses	
Medical Expenses	
Other Expenses	
TOTAL EXPENDITURES	

Balance Sheet as of _____

ASSETS	AMOUNT (\$)
Cash in this bank (including money market accounts, CDs)	
Cash in Other Financial Institutions - list (inc. money market accounts, CDs)	
Readily Marketable Securities (Schedule A)	
Accounts and Notes Receivable	
Net Cash Surrender Value of Life Insurance	
Residential Real Estate	
Real Estate Investments	
Partnerships / PC Interests	
IRA, Keogh, Profit Sharing & Other Vested Retirement Accounts	
Personal Property (including automobiles)	
Other Assets (List):	
	\$

LIABILITIES	AMOUNT (\$)
Notes Payable to Bank	
Notes Payable to Others	
Accounts Payable (including credit cards)	
Taxes Payable	
Mortgage Debt	
Life Insurance Loans	
Other Liabilities (List):	
TOTAL LIABILITIES	
NET WORTH	
	\$

LIST ALL SCHEDULE ITEMS HERE:
