

**LEASE APPLICATION  
GENERAL INFORMATION**

(Please Type or Print Clearly When Filling Out All Three Pages)

Application # \_\_\_\_\_

Date: \_\_\_\_\_

Address of Property Intending to Lease: \_\_\_\_\_

**Business Information**

Company Name: \_\_\_\_\_ Year formed: \_\_\_\_\_

Type of Company: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership LLC/LP \_\_\_\_\_ Corporation with Personal Guaranty

Current Business Address: \_\_\_\_\_  
Number & Street City State Zip

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Current Landlord: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**Personal (Emergency) Information** (All Sole Proprietors, Partners of a Partnership and Personal Guarantors of a Corporate Lease are required to complete this section)

1. Legal First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Company: \_\_\_\_\_ Spouse's First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number & Street City State Zip

Phone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

**Personal (Emergency) Information** (All Sole Proprietors, Partners of a Partnership and Personal Guarantors of a Corporate Lease are required to complete this section)

2. Legal First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Company: \_\_\_\_\_ Spouse's First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number & Street City State Zip

Phone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

- Attach a copy of Current Financial Statement and Corporate Resolution (if applicable).
- Attach copies of the last two (2) years Personal and Corporate Tax Returns (if applicable) for each applicant.
- Trade References to be provided upon request.

The representations of facts contained in this application are considered part of the lease and are true and correct. If any information contained herein is discovered to be false or misleading, the lease made on the strength of this application may, at the sole option of the Landlord, be terminated at any time. **Additionally, the landlord or his agent is hereby granted permission to verify all credit and/or personal information and obtain any credit reports they deem necessary at this time and anytime in the future at the Landlord's sole discretion.**

The Attached financial statement as executed by the undersigned is a full, correct and complete financial statement of the undersigned. It is prepared prior to and submitted for purpose of obtaining credit approval as is executed under penalty of perjury. Permission is also granted to verify all credit/personal information.

**ALL INFORMATION CONTAINED IN THE ATTACHED FINANCIAL STATEMENT SHALL BE KEPT IN STRICT CONFIDENCE AND USED ONLY IN CONNECTION WITH THE PROPOSED TRANSACTION OR AS REQUIRED BY LAW.**

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

**FINANCIAL INFORMATION**

1. Legal First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State of Issuance: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Have you ever filed for bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Spouse's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State of Issuance: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Have you ever filed for bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No

**I/we certify under penalty of perjury, that all the information above is true and correct.**

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

2. Legal First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State of Issuance: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Have you ever filed for bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Spouse's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State of Issuance: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Have you ever filed for bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No

**I/we certify under penalty of perjury, that all the information above is true and correct.**

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

