



CHECKLIST

Application to Lease

Thank you for your interest in leasing space with us! Attached you will find our application outlining the information required to approve you. **Applications will not be processed without all required information and/or fees.** Please identify the type of operation of your business and use the checklist below for a list of required information needed to fully process your application:

INDIVIDUAL / SOLE PROPRIETOR

- | | |
|--|--------------------------|
| 1. Application Fee: \$35 | <input type="checkbox"/> |
| 2. Current Personal Financial Statement | <input type="checkbox"/> |
| 3. Personal Tax Returns: Two most recent years | <input type="checkbox"/> |
| 4. Bank Statements: Three consecutive months of current statements | <input type="checkbox"/> |
| 5. Copy of Driver's License | <input type="checkbox"/> |
| 6. Completed Tenant Application | <input type="checkbox"/> |

LLC or PARTNERSHIP

Applicant Co-Applicant

- | | Applicant | Co-Applicant |
|--|--------------------------|--------------------------|
| 1. Application Fee: \$35 (per partner) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Current Personal Financial Statement | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Personal Tax Returns: Two most recent years | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Bank Statements: Three consecutive months of current statements | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Copy of Driver's License | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Completed Tenant Application (Required for each partner and/or officer) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Partnership Agreement | <input type="checkbox"/> | <input type="checkbox"/> |

CORPORATION

- | | |
|--|--------------------------|
| 1. Application Fee: \$35 (per partner) | <input type="checkbox"/> |
| 2. Articles of Incorporation | <input type="checkbox"/> |
| 3. Two years of Annual Reports | <input type="checkbox"/> |
| 4. Two years of Corporate Tax Returns | <input type="checkbox"/> |
| 5. Bank Statements: Three consecutive months of current statements | <input type="checkbox"/> |
| 8. Completed Tenant Application (Required for each partner and/or officer) | <input type="checkbox"/> |

Address of Property of Interest: _____ Date of Application: _____

Applicant Name: _____ Home #: _____ Cell#: _____

Title: _____ % Business Owned: _____

Address: _____ Social Security #: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Email: _____ Driver License #: _____

Married : Single:

Name of Spouse (if applicable): _____ Spouse Social Security#: _____

Current Residence Address: _____ Previous Home Address (if less than 2 years): _____

Years at this Location: _____

Co-Applicant Name: _____ Office #: _____ Cell#: _____
(if applicable)

Title: _____	% Business Owned: _____ Home#: _____
Address: _____	Social Security #: _____
City: _____ State: _____ Zip: _____	Date of Birth: _____
Email: _____	Driver License #: _____
Married: <input type="checkbox"/> Single: <input type="checkbox"/>	
Name of Spouse (if applicable): _____	Spouse Social Security#: _____
Current Residence Address: _____	Previous Home Address (if less than 2 years): _____
Years at this Location: _____	_____

Business Name: _____	Entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Corporation
Address: _____	Tax I.D. #: _____
City: _____	Business Description: _____
State: _____ Zip: _____	_____
Office Phone: _____	Date Established: _____ Date Incorporated: _____
Fax #: _____	State of Inc. _____ # of employees: _____

BANK REFERENCES

Personal Bank

Bank: _____	Account #: _____ Account #: _____
Account Holder: _____	Account Type: _____ Account Type: _____
Contact: _____ Title: _____	Balance: _____ Balance: _____
Address: _____	Acct Age: _____ Acct Age: _____
City: _____ State: _____ Zip: _____	
Phone #: _____	Fax: _____

Business Bank

Bank: _____ Account #: _____ Account #: _____
 Account Holder: _____ Account Type: _____ Account Type: _____
 Contact: _____ Title: _____ Balance: _____ Balance: _____
 Address: _____ Acct Age: _____ Acct Age: _____
 City: _____ State: _____ Zip: _____
 Phone #: _____ Fax: _____

LANDLORD REFERENCES

Company: _____ Lease Location: _____
 Contact: _____ Years of Tenancy: _____
 Address: _____ Monthly Rent: _____
 City: _____ State: _____ Zip: _____ Size of Premises (sf): _____
 Phone #: _____ Fax: _____
 Permission to Contact Landlord: Yes No

Company: _____ Lease Location: _____
 Contact: _____ Years of Tenancy: _____
 Address: _____ Monthly Rent: _____
 City: _____ State: _____ Zip: _____ Size of Premises (sf): _____
 Phone #: _____ Fax: _____
 Permission to Contact Landlord: Yes No

CREDIT REFERENCES

Company: _____

Contact: _____

Title: _____

Address: _____

Account #: _____

City: _____ State: _____

Zip: _____

Phone: _____

Fax #: _____

Company: _____

Contact: _____

Title: _____

Address: _____

Account #: _____

City: _____ State: _____

Zip: _____

Phone: _____

Fax #: _____

Company: _____

Contact: _____

Title: _____

Address: _____

Account #: _____

City: _____ State: _____

Zip: _____

Phone: _____

Fax #: _____

HOME LOAN INFORMATION

Secured By: _____

Name: _____

Address: _____

Loan #: _____

Balance on Loan: _____

Billing Address: _____

City: _____ State: _____

Zip: _____

Comments: _____

ASSETS	AMOUNT	LIABILITY	AMOUNT
Cash in Banks (Name of Bank, Acct #)		Notes Payable (Schedule 7)	
1)			
2)		Accounts Payable	
3)			
Accounts Receivable			
		Income Tax Payable	
Notes Receivable (Schedule 1)		Other Taxes Payable	
Securities Owned (Schedule 3)		Loans on Life Insurance (Schedule 4)	
Cash Surrender Value of Life Insur. (Schedule 4)		Mortgages on Liens on Real Estate (Schedule 6)	
Real Estate (Schedule 5)		Installment Contract Payable	
Automobiles		Credit and Charge Cards	
Personal Property		Other Liabilities (Detail)	
IRA Account			
Other Assets (Detail)			
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL		TOTAL	

Information provided by the Applicant, Principal(s), General Partner(s) and Individual(s) contained in this application is considered part of the lease and are true and correct. If any information herein contained is discovered to be false or misleading, the Lease made on the strength of this application may, at the option of the Lessor, be terminated at any time. Additionally, Lessor and/or Lessor's agent is hereby granted permission to verify all credit/personal information and to obtain any additional credit reports deemed necessary. The undersigned hereby waives any privacy of credit information rights or regulations.

Applicant Signature: _____

Co-Applicant Signature: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date: _____

Date: _____