



MANAGEMENT

COMMERCIAL RENTAL APPLICATION

LOCATION OF COMMERCIAL SPACE YOU ARE APPLYING FOR:

ADDRESS:		UNIT #:	ELECTRICITY \$ _____ GAS \$ _____
LENGTH OF TENANCY:	LEASE TERM COMMENCES:		LEASE TERM EXPIRES:
MONTHLY RENT:	ANNUAL RENT:	SECURITY DEPOSIT \$	
NO OF OCCUPANTS	PET(S) Y / N? WHAT KIND? _____		PET DEPOSIT \$

PERSONAL INFORMATION

APPLICANT NAME:		SOCIAL SECURITY #: _____ / _____ / _____	
PRESENT ADDRESS:	CITY:	STATE:	ZIP:
DATE OF BIRTH: _____ / _____ / _____	DRIVER LIC STATE:	NO:	
HOME TEL:	BUSINESS TEL:		
CELL PHONE:	E-MAIL:		

CURRENT RESIDENCE INFORMATION

PRESENT LENGTH OF TENANCY:	PRESENT MONTHLY RENT:
PRESENT LANDLORD:	PRESENT LANDLORD'S #:
PRESENT LANDLORD'S ADDRESS:	
REASON FOR LEAVING PRESENT ADDRESS:	
PRESENT NO. OF OCCUPANTS:	

EMPLOYMENT INFORMATION

JOB TITLE / OCCUPATION:		
NAME OF EMPLOYER:		EMPLOYER ADDRESS:
NAME OF SUPERVISOR:		
LENGTH OF EMPLOYMENT:	ANNUAL SALARY \$	TEL #
SPECIFY OTHER SOURCES OF INCOME (STOCKS, TRUST, PENSIONS, ETC...)		

ESTABLISHED BUSINESS? _____ NAME OF BUSINESS? _____

TYPE OF BUSINESS:	YEARS IN BUSINESS:	YEARLY INCOME:
BUSINESS ADDRESS:	CITY:	STATE: ZIP:
LANDLORD NAME:	LANDLORD TEL #:	EMAIL:
MO. RENT	REASON FOR LEAVING BUSINESS ADDRESS:	

REFERENCE NAME	ADDRESS	TEL#
PERSONAL:		
PERSONAL:		
TRADE:		
TRADE:		

ADDITIONAL PARTNERS OR STAFF USING THE SPACE

NAME	EMAIL:	CELL #	RELATIONSHIP

EMERGENCY CONTACT INFORMATION

IN CASE OF EMERGENCY CONTACT:		
ADDRESS:	RELATIONSHIP:	TEL#
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR IN NY STATE OR ANY OTHER STATE OR COUNTRY? _____		
IF YES, PROVIDE INFORMATION ON DISPOSITION:		



MANAGEMENT

CO-APPLICANT				
PERSONAL INFORMATION				
CO-APPLICANT NAME:			SOCIAL SECURITY #: ____ / ____ / ____	
PRESENT ADDRESS:		CITY:	STATE:	ZIP:
DATE OF BIRTH:	____ / ____ / ____	DRIVER LIC STATE:		NO:
HOME TEL:		BUSINESS TEL:		
CELL PHONE:		E-MAIL:		
CURRENT RESIDENCE INFORMATION				
PRESENT LENGTH OF TENANCY:		PRESENT MONTHLY RENT:		
PRESENT LANDLORD:		PRESENT LANDLORD'S #:		
PRESENT LANDLORD'S ADDRESS:				
REASON FOR LEAVING PRESENT ADDRESS:				
PRESENT NO. OF OCCUPANTS:				
EMPLOYMENT INFORMATION				
JOB TITLE / OCCUPATION:				
NAME OF EMPLOYER:			EMPLOYER ADDRESS:	
NAME OF SUPERVISOR:				
LENGTH OF EMPLOYMENT:	ANNUAL SALARY \$	TEL #		
SPECIFY OTHER SOURCES OF INCOME (STOCKS, TRUST, PENSIONS, ETC...)				
ESTABLISHED BUSINESS? ____ NAME OF BUSINESS? _____				
TYPE OF BUSINESS:		YEARS IN BUSINESS:	YEARLY INCOME:	
BUSINESS ADDRESS:		CITY:	STATE:	ZIP:
LANDLORD NAME:		LANDLORD TEL #:	EMAIL:	
MONTHLY RENT	REASON FOR LEAVING BUSINESS ADDRESS:			
REFERENCE NAME	ADDRESS	TEL#		
PERSONAL:				
PERSONAL:				
TRADE:				
TRADE:				
ADDITIONAL PARTNERS OR STAFF USING THE SPACE				
NAME	EMAIL:	CELL #	RELATIONSHIP	
EMERGENCY CONTACT INFORMATION				
IN CASE OF EMERGENCY CONTACT:				
ADDRESS:	RELATIONSHIP:	TEL#		
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR IN NY STATE OR ANY OTHER STATE OR COUNTRY? _____				
IF YES, PROVIDE INFORMATION ON DISPOSITION:				