

# RENTAL APPLICATION - COMMERCIAL

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## Rental Property Address / Details

### RENTER

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Telephone #1: \_\_\_\_\_ Telephone #2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_ TIN#: \_\_\_\_\_ INC #: \_\_\_\_\_

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

Ownership Type: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Telephone #1: \_\_\_\_\_ Telephone #2: \_\_\_\_\_ Email: \_\_\_\_\_

Name Certificate Supplied: Y / N Certificate of Good Standing Supplied: Y / N

Has this business ever claimed bankruptcy? \_\_\_\_\_

Has this business ever been taken to court? Y / N Why? \_\_\_\_\_

### PARTNER DETAILS (If Ownership Type is Partnership)

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Telephone #1: \_\_\_\_\_ Telephone #2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Email: \_\_\_\_\_

### DIRECTORS (As per Annual Return)

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security: \_\_\_\_\_

**PRESENT ADDRESS**

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Present address: \_\_\_\_\_

Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

How long? \_\_\_\_\_ Rent: \$ \_\_\_\_\_ Name on Rental Agreement: \_\_\_\_\_

Reason you are leaving? \_\_\_\_\_

**RENTAL REFERENCES**

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NAME: \_\_\_\_\_, Landlord Y / N , Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

NAME: \_\_\_\_\_, Landlord Y / N , Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

NAME: \_\_\_\_\_, Landlord Y / N , Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**CRIMINAL RECORD**

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The Renter/Owner Does / Does Not have a criminal record. Charges: \_\_\_\_\_

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Date of most recent criminal charge: \_\_\_\_\_ Police Report Supplied: Y / N

Has your business been robbed in the past ? \_\_\_\_\_

Has your business been affiliated with any criminal activity in the past ? \_\_\_\_\_

Do you hire employees with criminal records ? \_\_\_\_\_

**EMERGENCY CONTACT**

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NAME: \_\_\_\_\_ Telephone: \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

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PRINTED NAME

SIGNATURE

DATE

Company Seal: