

**COMMERCIAL CREDIT APPLICATION**

This application does not guarantee that you will rent the subject premises.

This application is subject to proper reference verification and availability. **A first month's rent deposit must be received prior to approval.** If appropriate verification is met and after receipt of all funds, then if a unit is available; it will be offered to applicant. Upon signing of the lease, first month's rent, last month's rent, **(and depending on the strength of your credit application either 1-3 month's rent)** security deposit will be due.

DATE OF APPLICATION: \_\_\_\_\_

REQUESTED LEASE BEGINNING DATE \_\_\_\_\_

Applicant #1 Name \_\_\_\_\_ SS# \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Type of Business \_\_\_\_\_

Home address: \_\_\_\_\_

Street                      City/town                      State                      Zip

Do you own your own home? \_\_\_\_\_ If so, how many years? \_\_\_\_\_

Home Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Expiration date of present Lease: \_\_\_\_\_ Landlords' PH# \_\_\_\_\_

Applicant #2 Name \_\_\_\_\_ SS# \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Type of Business \_\_\_\_\_

Home address: \_\_\_\_\_

Street                      City/town                      State                      Zip

Do you own your own home? \_\_\_\_\_ If so, how many years? \_\_\_\_\_

Home Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Expiration date of present Lease: \_\_\_\_\_ Landlords' PH# \_\_\_\_\_

Applicant #3 Name \_\_\_\_\_ SS# \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Type of Business \_\_\_\_\_

Home address: \_\_\_\_\_

Street                      City/town                      State                      Zip

Do you own your own home? \_\_\_\_\_ If so, how many years? \_\_\_\_\_

Home Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Expiration date of present Lease: \_\_\_\_\_ Landlords' PH# \_\_\_\_\_

**PRESENT COMMERCIAL LANDLORD INFORMATION:**

Own or Rent: \_\_\_\_\_ If Own: Year Purchased: \_\_\_\_\_

If Rent:

Landlord's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Street City/town State Zip

**PREVIOUS COMMERCIAL LANDLORD INFORMATION:**

**YOUR ADDRESS**

Street City/town State Zip

Dates Occupied: from: \_\_\_\_\_ to: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Street City/town State Zip

**CURRENT EMPLOYMENT:**

**Applicant #1** Employer Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Street City/town State Zip

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Annual gross income: \_\_\_\_\_ Dates employed: \_\_\_\_\_

**CURRENT EMPLOYMENT:**

**Applicant #2** Employer Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Street City/town State Zip

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Annual gross income: \_\_\_\_\_ Dates employed: \_\_\_\_\_

**CURRENT EMPLOYMENT:**

**Applicant #3** Employer Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Street City/town State Zip

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Annual gross income: \_\_\_\_\_ Dates employed: \_\_\_\_\_

PREVIOUS EMPLOYMENT:

**Applicant #1** Employer name: \_\_\_\_\_ Phone: \_\_\_\_\_

Or SECOND JOB Address: \_\_\_\_\_

(Please indicate which) Street City/town State Zip

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Annual Gross Income: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

PREVIOUS EMPLOYMENT:

**Applicant #2** Employer name: \_\_\_\_\_ Phone: \_\_\_\_\_

Or SECOND JOB Address: \_\_\_\_\_

(Please indicate which) Street City/town State Zip

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Annual Gross Income: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

PREVIOUS EMPLOYMENT:

**Applicant #3** Employer name: \_\_\_\_\_ Phone: \_\_\_\_\_

Or SECOND JOB Address: \_\_\_\_\_

(Please indicate which) Street City/town State Zip

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Annual Gross Income: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

CURRENT: INCOME/EXPENSE

**Applicant #1** GROSS INCOME: \_\_\_\_\_ NET INCOME: \_\_\_\_\_

Please list expenses: \_\_\_\_\_

CURRENT: INCOME/EXPENSE

**Applicant #2** GROSS INCOME: \_\_\_\_\_ NET INCOME: \_\_\_\_\_

Please list expenses: \_\_\_\_\_

CURRENT: INCOME/EXPENSE

**Applicant #3** GROSS INCOME: \_\_\_\_\_ NET INCOME: \_\_\_\_\_

Please list expenses: \_\_\_\_\_

**ANY SOURCE OF ADDITIONAL INCOME, SAVINGS:**

(including family or investors)

#1 \_\_\_\_\_ Amount:\$ \_\_\_\_\_

#2 \_\_\_\_\_ Amount \$ \_\_\_\_\_

#3 \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name of Banking Institution, account number, contact person and address

Name of Banking Institution, account number, contact person and address:

Are you planning on performing renovations or improvements, explain:

Will you require any special permits or variances, explain:

Will you be: serving food \_\_\_\_\_, having live or amplified music \_\_\_\_\_, evening hours \_\_\_\_\_, other special circumstances \_\_\_\_\_

**NAMES OF ALL INDIVIDUALS WHO WILL BE MANAGING BUSINESS:**

#1 \_\_\_\_\_ #2 \_\_\_\_\_

#3 \_\_\_\_\_

Have you or manager/employee ever filed a petition in bankruptcy? \_\_\_\_\_ Year Filed: \_\_\_\_\_

Have you or manager/employee ever been evicted or had eviction proceedings begun against you? \_\_\_\_\_

If so, explain the circumstances: \_\_\_\_\_

Have you or manager/employee ever intentionally refused to pay any rent when due?

If so explain \_\_\_\_\_

Have you or manager/employee ever received a notice to quit from a Landlord?

Have you or any manager/employee ever been involved in any civil litigation with any of your tenancies or landlords?

Have you, or any of the individuals who will be managing the business been convicted of a felony in last 10 years or a misdemeanor in the last five years, state charge and explain:

References: List two references, with telephone numbers, who may be contacted regarding the soundness of your business and its good character:

1<sup>st</sup> reference \_\_\_\_\_

2<sup>nd</sup> reference \_\_\_\_\_

A CO-SIGNER, OR PERSONAL GUARANTEE MAY BE REQUIRED if minimum credit cannot be established or if there is little or no rental experience. If you require a co-signer, a co-signer application must be completed by the designated co-signer and they should be listed below.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Phone:(H) \_\_\_\_\_

Street

City/town

State

zip



PLEASE SUBMIT A BUSINESS PLAN WITH THIS APPLICATION:

PLEASE FILL OUT THE INCOME AND EXPENSE PLAN BELOW FOR THE BUSINESS YOU INTEND TO OPEN WITH US.

EXPENSE BUDGET: \_\_\_\_\_

RENT: \_\_\_\_\_

ADVERTISING: \_\_\_\_\_

RENOVATION BUDGET: \_\_\_\_\_

GAS: \_\_\_\_\_

ELECTRIC: \_\_\_\_\_

WATER: \_\_\_\_\_

TELEPHONE/INTERNET: \_\_\_\_\_

TRASH REMOVAL: \_\_\_\_\_

CREDIT CARD PROCESSING: \_\_\_\_\_

PROPERTY TAX: \_\_\_\_\_

INSURANCE: \_\_\_\_\_

EMPLOYEE RATE: \_\_\_\_\_

SUPPLIER & FOOD: \_\_\_\_\_

LIQUOR: \_\_\_\_\_

LIQUOR LICENSE: \_\_\_\_\_

MEAL TAX: \_\_\_\_\_

UNEMPLOYMENT FOR STATE/FEDERAL: \_\_\_\_\_

OTHER: \_\_\_\_\_

TOTAL MONTHLY OPERATING EXPENSE: \_\_\_\_\_

INCOME: \_\_\_\_\_

HOURS OF OPERATION MON-THURSDAY: \_\_\_\_\_

HOURS OF OPERATION FRI-SUN: \_\_\_\_\_

ESTIMATED GUESTS FOR LUNCH: \_\_\_\_\_

ESTIMATED LUNCH MEAL COST: \_\_\_\_\_

ESTIMATED GUEST FOR DINNER: \_\_\_\_\_

ESTIMATED DINNER MEAL COST: \_\_\_\_\_

TAKE OUT?: \_\_\_\_\_

DELIVERY?: \_\_\_\_\_

TOTAL MONTHLY INCOME: \_\_\_\_\_

PROJECTED MONTHLY NET INCOME: \_\_\_\_\_

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RELEASE: In consideration for being permitted to apply for these premises, I, \_\_\_\_\_ (Applicant) do represent all information in this application to be true and accurate and that owner/agent may rely on this information when investigating and accepting this application. Applicant hereby authorizes the owner/agent to make independent investigations to determine my credit, financial and character standing. Applicant authorizes any person, or credit-checking agency having any information on him/her to release any and all such information to the owner or their agents or credit checking agencies. Applicant hereby releases, remise and forever discharges from any action whatsoever, in law and equity, all owners, managers, and employees, or agents both of Landlord and their credit checking agencies in connection of processing, investigating, or credit checking this application, and will hold them

harmless from any suit or reprisal whatsoever. Applicant declares that a photocopy of his/her signature shall be as valid as the original.

Applicant name: (please print) \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_



APPLICATION RECEIVED BY \_\_\_\_\_ Dates: \_\_\_\_\_

APPLICATION ACCEPTED: YES \_\_\_\_\_ NO \_\_\_\_\_

PREMISES \_\_\_\_\_

I hereby make a deposit of \$ \_\_\_\_\_ on the above premises. I hereby waive all rights to the return of the above deposit and will forfeit as liquidated damages in the event I decide not to enter into the lease applied herein. The deposit shall be refunded if said application is not accepted by the Owner \_\_\_\_\_ (initials)