COMMERCIAL LEASE APPLICATION

Landlord/Lessor:	Date of Application:		
Location of Leased Premises:			
Center Suite #	S.F.		
Business Name:	Rent □ Own □ Rent/Payment \$		
Name of Person who will sign lease:			
Person 1:			
(First) (Middle) (Last)			
Street Address:	Conditions and Information		
City State Zip	All pages of this lease application must be signed by all persons who will		
Phone Number (Work):	sign the lease agreement. Additional tenant information is on page 2.		
Phone Number (Home):			
	The completing of this application by Tenant and the		
Phone Number (Mobile):	acceptance of this application by Landlord creates no obligation of Landlord to approve the application.		
E-mail Address:	This application will be approved or rejected usually within five (5) days		
Driver's License No. State of Issuance:	of being submitted to landlord. However, there is no obligation of		
Social Security Number: Date of Birth: Is your business a	Landlord to notify tenant unless the application is approved.		
corporation, LLC or other entity? Yes No	If this application is approved, Tenant must make the security deposit and sign the lease before the tenancy begins.		
- If yes, what form of business entity?	The information provided herein shall be kept confidential and will only		
- Federal Tax ID Number:	be used by Landlord, and its agents to determine approval of Tenant's application.		
- State in which entity formed?	- Land Control of the		
- Names of Person(s) who will Guarantee Lease			
- Person 1:			
- Person 2	For Landlord's Use Only		
(Will need to fill out a separate form unless married)	Approved [] Denied []		
Proposed use of premises?	Date approved or denied:		
Experience in business (please describe):	Rent Amount: \$ check#		
	Sec. Deposit: \$ check#		
COMMERCIAL RENTAL HISTORY	Date Lease to begin:		
	End of Lease:		
Present Address:	Balance: \$		
	To be paid on date:		
Rent □ Own □ Rent/Payment From/To:	To be paid on date.		
Previous Address:			
(Continued on Page 2)			
By your signature hereon, you agree that the information disclosed by you herein is true, complete agree that the information disclosed by you herein is material to the potential Lessor's decision we enter into a lease.			
Signed:	Date:		
Signed:	Date:		

CREDIT REFERENCE (current of Address: City State Zip	or former landlords, ba	anks, vendors, etc.)	Name:		
Contact:		_	Phone:		
CURRENT MONTHLY INCOME Name/Source Amount		N	ame/Source	Amount	
CURRENT MONTHLY EXPENS			G. IV		
Creditor	Amount		Creditor	Amount	
ASSETS Cash on Hand & in Banks	VALUE	SOURCE	LIABILITIES Accounts Payable	AMOUNT	CREDITOR
Savings Accounts			Notes Payable to Banks		
IRA/Retirement Accounts			Auto Payments		
Accounts Receivable			Other Installment Accounts		
Insurance Cash Surrender			Loans on Life Insurance		
Stocks & Bonds			Mortgages on Real Estate		
Real Estate	-		Unpaid Taxes		
Automobiles			Other Liabilities		
Other Personal Property			Other Liabilities		
Other Assets					
Other Assets			TOTAL LIABILITIES:		
Other Assets					
TOTAL ASSETS:			NET WORTH:		
I,		_, the undersigne	O CREDIT CHECK ed applicant(s) authorize landlo		
to order and review my/our cree authorize all banks, employers, cre concerning my/our credit.					
Commission paid for by: [] Landlord	d [] Tenant Amoun	t: \$	Application fee amount \$	payment method: [] cash []check
Signed:	gned:				
Signed: Date:					
		T1	ndable \$50.00 application for		

There is a non refundable \$50.00 application fee.



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