

Commercial Lease Application

Please provide all of the information requested below. Incomplete information can delay the processing of your application. PLEASE PRINT CLEARLY.

Property: _____ Unit #: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Applicant of Leasing Entity (Name of individual, LLC, or corporation):

Please check one: Corporation LLC Individual:

Intended Use:

Current Business Information

Name of Business:

Present Address:

City: _____ State: _____ ZIP Code: _____

DBA: _____ Year Established: _____ Type of Business: _____

Phone: _____ Fax: _____ E-Mail: _____

Current information for the individual signing Lease

Name First: _____ Middle: _____ Last: _____

Home Address:

City: _____ State: _____ ZIP Code: _____

Date of Birth: _____ SS #: _____ Driver's License #: _____

Home Phone / Cell Phone: _____ E-mail: _____

Commercial Rental History

Present Address:

City: _____ State: _____ ZIP Code: _____

Own Rent (Please check one) Monthly payment or rent: _____ How long? _____

Reason for Leaving:

Landlord Name / Mortgage Co:

Landlord Phone: _____ Landlord Fax: _____

Landlord E-Mail:

Banking Reference

Name of Bank:

Address:

City: _____ State: _____ ZIP Code: _____

Contact Name: _____ E-mail: _____

Phone: _____ Fax: _____

Emergency Contact

Name:

Address:

City: _____ State: _____ ZIP Code: _____ Phone: _____

Relationship:

Additional Information

Have you ever been evicted from any rental property: Yes No (Please check one)

Lease Start Date: _____ Term of the Lease: _____

Comments:

Authorization for Release of Information

I have read this application and certify that the information in this application is complete and accurate. I also agree that this application will become part of the Lease Agreement entered into with Rose Company. I authorize Rose Company to obtain all such information as may be required concerning all of the statements made in this application. In addition, I am authorizing by signing above, the release of information to obtain and verify my employment, criminal, credit history, rental and residence history. I further authorize landlord, its agents and/or attorneys to obtain credit reports and information any time during and after my tenancy, in the event of a breach of any lease or term of tenancy. I hereby release all sources, their officers, agents and employees from liability of any nature, whether caused by negligence or otherwise, which may result from the answering of questions concerning my past record.

Signature:

By (Printed Name):

Date:

Signature:

By (Printed Name):

Date:

Smoke-Free Complex. *Tenant agrees and acknowledges that the premises to be occupied by Tenant and employees has been designated as a smoke-free environment. Tenant and employees shall not smoke anywhere in the unit rented by Tenant, or the building where the Tenant's premises is located or in any of the common areas.*

ROSE COMPANY

REAL ESTATE DEVELOPMENT | INVESTMENT

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