

## PUSH COMMERCIAL RENTAL APPLICATION

FOR OFFICE USE ONLY	
Address	Apartment No.
Monthly Rent	Move-in Date

BUSINESS INFORMATION			
Business Legal Name		DBA (if different than legal name)	
Street Address ( <i>not a P.O. Box</i> )	City/County	State	Zip Code
Street Address ( <i>if different than above</i> )	City/County	State	Zip Code
**Gross Annual Sales:  \$	Federal Tax ID No.:	Business Phone No. :	Current Landlord Name:
Current No. of Employees:	Projected Future No. of Employees:	Current No. of Company Vehicles	Projected Future No. of Company Vehicles:
Date of Formation:	Current owner since:	Building is:  <input type="checkbox"/> Owned. <i>Since</i> _____.  <input type="checkbox"/> Leased. <i>How long is the lease?</i> _____	Average sale size:  \$_____
<b>Organizational Type:</b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Sole Proprietorship  <input type="checkbox"/> Non-Profit Organization  <input type="checkbox"/> L.L.P.  <input type="checkbox"/> S Corp  <input type="checkbox"/> Other: _____             </div> <div> <input type="checkbox"/> Limited Partnership  <input type="checkbox"/> L.L.C.  <input type="checkbox"/> C-Corp.  <input type="checkbox"/> General Partnership             </div> </div>		Briefly describe the products or services your business sells (e.g., accountant, bakery, etc.):  _____	

\*\* PLEASE PROVIDE VERIFICATION OF SALES: TAX RETURNS, ACCOUNTANT'S STATEMENTS, OR TWO (2) MONTHS OF BANK STATEMENTS.

PRINCIPAL/OWNER/GUARANTOR INFORMATION			
<b>1</b>	Name:		Social Security No.:
	Home Address		City /County State Zip Code
	Ownership Percentage:		Gross Monthly Income** \$
	Home is: <input type="checkbox"/> Owned <input type="checkbox"/> Rented		Personal Net Worth ( <i>excluding value of business</i> ) \$
<b>2</b>	Name:		Social Security No.:
	Home Address		City /County State Zip Code
	Ownership Percentage:		Gross Monthly Income** \$
	Home is: <input type="checkbox"/> Owned <input type="checkbox"/> Rented		Personal Net Worth ( <i>excluding value of business</i> ) \$
<b>3</b>	Name:		Social Security No.:
	Home Address		City /County State Zip Code
	Ownership Percentage:		Gross Monthly Income** \$
	Home is: <input type="checkbox"/> Owned <input type="checkbox"/> Rented		Personal Net Worth ( <i>excluding value of business</i> ) \$
<b>4</b>	Name:		Social Security No.:
	Home Address		City /County State Zip Code
	Ownership Percentage:		Gross Monthly Income** \$
	Home is: <input type="checkbox"/> Owned <input type="checkbox"/> Rented		Personal Net Worth ( <i>excluding value of business</i> ) \$

\*\*Individuals listed need not include alimony, child support, or separate maintenance income if they do not want it considered as a basis for repayment of the obligation.

BUSINESS BANKING INFORMATION			
Primary Bank Name		Account No.	
Address		City /County	State Zip Code
Contact Name:		Phone No.	
<p>Approx. balance in primary bank checking account: \$ _____</p> <p>Approx. balance in other checking account(s): \$ _____</p> <p>Approx. total balance in savings account(s): \$ _____</p>			

CREDITOR INFORMATION			
Creditor Name	Description of Debt	Amount Owed	Monthly Payment
		\$	\$
Creditor Name	Description of Debt	Amount Owed	Monthly Payment
		\$	\$
Creditor Name	Description of Debt	Amount Owed	Monthly Payment
		\$	\$
Creditor Name	Description of Debt	Amount Owed	Monthly Payment
		\$	\$

CREDIT CARDS		
	Type	Card No.
1.		
2.		
3.		
4.		
5.		

CREDIT REFERENCES			
<i>List references that you have purchased from on an open account basis (no C.O.D.)</i>			
1.	Name	Telephone No.	Account No.:
Address		City /County	State Zip Code
2.	Name	Telephone No.	Account No:
Address		City /County	State Zip Code
3.	Name	Telephone No.	Account No:
Address		City /County	State Zip Code
ADDITIONAL INFORMATION			
Has the company or any of its principals, owners, or guarantors ever been evicted or asked to move? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, when?</i>		Has the company or any of its principals, owners, or guarantors made three or more late rental payments in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain.</i>	
Has the company or any of its principals, owners, or guarantors filed for bankruptcy in the last 7 years?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Has the company or any of its principals, owners, or guarantors had a property foreclosed in the last 7 years?  <input type="checkbox"/> Yes <input type="checkbox"/> No	

The signer(s) hereby certify that he/she is authorized to execute this application on behalf of the above-named business, and that to the best of his/her knowledge, the information provided in this rental application is true, complete, and accurate. The signer(s) hereby authorize a credit and/or criminal check to be made, verification of information provided, and communication with any and all names listed on this application. The signer(s) understand that any discrepancy or lack of information may result in the rejection of this application. The singer(s) understand that a credit report that reveals credit issues such as slow pay, charge offs, collections or judgments could cause the application to be rejected. If the application is denied based on information contained on the credit report, the signer(s) have the right to obtain a copy of such credit report from the reporting agency.

The signer(s) also understand that this is an application for property rental and does not constitute a rental or lease agreement in whole or part. The signer(s) further agree(s) to provide additional information on request and to notify the Landlord promptly of any material change in the information provided in this application.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_