

LEASE APPLICATION

Personal Information

Name: _____

Home address: _____ City: _____ State: _____ Zip: _____

Home phone #: _____ Mobile phone #: _____ E-mail: _____

Own: _____ Rent: _____ How long: _____

Social Security Number: _____ Driver's license #: _____

(attach copy) (attach copy)

If less than three (3) years, list your previous home address:

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

If renting, name of management company or manager's name and phone number:

Name: _____ Phone #: _____

Spouse

Name: _____

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

(If different than yours)

Home phone #: _____ Mobile phone #: _____

Driver's license #: _____ Work phone #: _____

(attach copy) Social Security Number: _____

Credit History

Your bank's name: _____ Contact: _____

City/State: _____ Phone #: _____

Account #: _____ Account #: _____

Circle either "Yes" or "No" for each of the following:

Have you, your spouse, or any occupant list above ever been evicted or asked to move?	Yes	No
Broken a rental agreement or lease contract?	Yes	No
Declared bankruptcy?	Yes	No
Been sued for nonpayment of rent?	Yes	No
Been sued for damage to rental property?	Yes	No
Please explain (state year, location and type of each incident):	Yes	No

Business Information

Type of Business: _____

Are you: 1. Relocating _____ 2. Expanding _____ or 3. Starting up your business _____

If answered 1 or 2 above, please complete:

Name of current location: _____ Phone #: _____

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

How long at this location: _____ Name of Landlord/Owner: _____

May we contact them? Yes _____ No _____ Phone: _____

Do you have other locations Yes _____ No _____ If so, how many? _____

Please check the appropriate box: Individual/Sole Proprietor Tax ID#: _____

Corporation Tax ID#: _____

Partnership Tax ID#: _____

Other Tax ID#: _____

Business Credit Reference (List Two)

1. Supplier Name: _____ Address: _____

Contact: _____ Phone #: _____

Type and Amount of Volume Per Month: _____

2. Supplier Name: _____ Address: _____

Contact: _____ Phone #: _____

Type and Amount of Volume Per Month: _____

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Copy of Driver's License Attached:	Yes _____	No _____
Copy of Social Security Card Attached	Yes _____	No _____
Business Plan Attached:	Yes _____	No _____
Resume/Biography Attached:	Yes _____	No _____
Certificate of Corporation Attached:	Yes _____	No _____
Assumed Name Certificate Attached:	Yes _____	No _____
Financial Statement Attached:	Yes _____	No _____

I/we hereby authorize **KW Commercial**, or whomever they may appoint, or any credit bureau, other investigation agency, or other financial institution, to investigate the references and statements submitted to obtain information regarding our employment, credit, bank, and savings account as needed to process our application or any time hereafter.

I/we hereby authorize them to release this information to parties concerned in the application process. This form may be reproduced or photocopied and that the copy shall be as effective as the signed original.

The undersigned certifies that the information supplied on this personal financial statement and any financial information submitted on other forms is true and correct.

PROCESSING OF THIS APPLICATION WILL NOT BEGIN UNTIL INFORMATION IS SUBMITTED.

Authorized Signature: _____

Date: _____

Authorized Signature: _____

Date: _____