



Commercial Applicant Processing Checklist

In order to properly and promptly process an application, please fill out the following forms legibly and in their entirety. Incomplete information can delay the processing of your application.

- Commercial Lease Application
- Financial Profile and Questionnaire
- Credit Check Authorization Form

In addition to filling out the above forms, please provide the following:

- Last (2) two years tax return (1099 and/or W2 statements)
- Current copies of last two months' checking and savings accounts (personal)
- Current copies of last two months' checking and savings accounts (business)
- Copy of applicants' state ID or driver's license
- \$25.00 application fee for Credit Check



Commercial Lease Application

PERSONAL INFORMATION

APPLICANT NAME: _____
CURRENT ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: _____ EMAIL: _____
STATE I.D./DRIVER'S LICENSE NUMBER: _____ DOB: _____
SOCIAL SECURITY NUMBER: _____

CO-APPLICANT NAME: _____
CURRENT ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: _____ EMAIL: _____
STATE I.D./DRIVER'S LICENSE NUMBER: _____ DOB: _____
SOCIAL SECURITY NUMBER: _____

OCCUPANT INFORMATION

COMPANY NAME: _____
ADDRESS (MAIN OFFICE): _____
DBA: _____ SOLE PROPRIETORSHIP / PARTNERSHIP / CORPORATION
CORPORATION NUMBER: _____ YEAR ESTABLISHED: _____
EMPLOYER ID#: _____ NUMBER OF EMPLOYEES: _____
TYPE OF BUSINESS: _____
FULL DESCRIPTION OF INTENDED USE: _____

NAME OF CORPORATE OFFICERS: _____
GROSS ANNUAL REVENUE: _____
CONTACT PERSON: _____ TITLE: _____
PHONE 1: _____ PHONE 2: _____ FAX: _____

By typing your name in the electronic signature box below, you are indicating your intent to sign this document and that this shall constitute your signature.

APPLICANT NAME / SIGNATURE: _____ DATE: _____

APPLICANT NAME / SIGNATURE: _____ DATE: _____

The undersigned certifies and warrants the accuracy of the statements made in this application. This application will be incorporated in and become a part of the lease for the premises herein described if executed.



COMMERCIAL RENTAL HISTORY

PROPERTY ADDRESS APPLYING FOR: _____

PRESENT ADDRESS: _____ RENT / OWN

RENTAL/MORTGAGE AMOUNT PAID MONTHLY _____ TO / FROM: _____

REASON FOR LEAVING: _____

LANDLORD NAME / MORTGAGE CO. _____ PHONE: _____

PREVIOUS ADDRESS: _____ RENT / OWN

RENTAL/MORTGAGE AMOUNT PAID MONTHLY _____ TO / FROM: _____

REASON FOR LEAVING: _____

LANDLORD NAME / MORTGAGE CO. _____ PHONE: _____

BUSINESS BANK / CREDIT REFERENCES

NAME OF BANK: _____ PHONE: _____

BRANCH ADDRESS: _____

ACCOUNT #: _____ CHECKING: _____ SAVINGS: _____

NAME OF BANK: _____ PHONE: _____

BRANCH ADDRESS: _____

ACCOUNT #: _____ CHECKING: _____ SAVINGS: _____

AGH REALTY GROUP, CORP. or any firm acting on behalf of the landlord is hereby granted permission to perform a credit check on our company and/or its principals.

By typing your name in the electronic signature box below, you are indicating your intent to sign this document and that this shall constitute your signature.

APPLICANT NAME / SIGNATURE: _____ DATE: _____

APPLICANT NAME / SIGNATURE: _____ DATE: _____



Financial Profile and Questionnaire

ASSETS

CASH ON HAND AND IN BANKS: _____

INVESTMENTS / SECURITIES: _____

REAL ESTATE OWNED: _____

OTHER PERSONAL PROPERTY (AUTOMOBILES, ETC): _____

OTHER ASSETS: _____

TOTAL ASSETS: _____

ARE ANY OF YOUR ASSETS PLEDGED OR LOANED? _____

IF YES, PLEASE EXPLAIN: _____

ARE YOU A DEFENDANT IN ANY LEGAL SUITS OR ACTION? IF YES, PLEASE EXPLAIN: _____

LIABILITIES

NOTES PAYABLE TO BANKS: _____

AMOUNTS PAYABLE TO OTHERS: _____

REAL ESTATE MORTGAGES PAYABLE: _____

OTHER DEBTS: _____

TOTAL LIABILITIES: _____ NET WORTH: _____

ANNUAL SOURCES OF INCOME

SALARY, BONUS, & COMPENSATION: _____

BUSINESS INCOME: _____

DIVIDENDS: _____

REAL ESTATE INCOME: _____

INTEREST INCOME: _____

OTHER INCOME: _____

TOTAL INCOME: _____



Will this be a new business? _____

Are you currently in business? If yes, please explain: _____

Do you have other locations? If so, where: _____

Other: _____

The undersigned certifies that the Financial Profile and Questionnaire is a true and accurate statement of his/her financial position and information provided.

By typing your name in the electronic signature box below, you are indicating your intent to sign this document and that this shall constitute your signature.

APPLICANT NAME / SIGNATURE: _____ DATE: _____

APPLICANT NAME / SIGNATURE: _____ DATE: _____



Credit Check Authorization Form

THE APPLICANT(S) HEREBY CONSENTS TO AND AUTHORIZES AGH REALTY GROUP, CORP. (OR ANY FIRM ACTING ON BEHALF OF THE LANDLORD) TO INVESTIGATE INTO THE CREDITWORTHINESS OF THE APPLICANT(S). THE APPLICANT(S) GRANT SUCH CONSENT AND AUTHORIZATION TO LANDLORD FOR THE PERIOD COMMENCING AS OF THE DATE OF THIS APPLICATION AND TERMINATING AT THE DATE SET FOR THE TERMINATION OF THE PROPOSED LEASE ("ENDING DATE"). THE APPLICANT ACKNOWLEDGES THAT LANDLORD MAY CONDUCT A CREDIT INVESTIGATION OF APPLICANT AT ANY TIME FROM THE DATE HEREOF UP TO THE ENDING DATE.

FOR INDIVIDUALS

NAME: _____

SSN: _____

ADDRESS: _____

TITLE: _____ DATE: _____

By typing your name in the electronic signature box below, you are indicating your intent to sign this document and that this shall constitute your signature.

SIGNATURE: _____

NAME: _____

SSN: _____

ADDRESS: _____

TITLE: _____ DATE: _____

By typing your name in the electronic signature box below, you are indicating your intent to sign this document and that this shall constitute your signature.

SIGNATURE: _____

FOR BUSINESS

NAME: _____

SSN: _____

ADDRESS: _____

TITLE: _____ DATE: _____

By typing your name in the electronic signature box below, you are indicating your intent to sign this document and that this shall constitute your signature.

SIGNATURE: _____