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:	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 of a person not residing with you:			
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 Hinsdale Properties Management. I authorize Hinsdale Properties Management 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.