



# SUNSHINE MANAGEMENT

## COMMERCIAL LEASE APPLICATION

Property Address: \_\_\_\_\_

Unit Description: \_\_\_\_\_ Space/SF \_\_\_\_\_

Lease Commencement Date: \_\_\_\_\_ Lease Expiration Date: \_\_\_\_\_

Rent Amount: \_\_\_\_\_ Deposit: \_\_\_\_\_

Proposed Use of Premises: \_\_\_\_\_

### **Business Information**

Business Name: \_\_\_\_\_

Business Address City State Zip: \_\_\_\_\_

Is your business a corporation  LLC  or other entity  Federal Tax ID: \_\_\_\_\_

If other, what form of business entity? \_\_\_\_\_ Date entity formed: \_\_\_\_\_

State entity formed: \_\_\_\_\_ Business License#: \_\_\_\_\_

### **Applicant/Tenant Information**

Name of person who will sign lease: \_\_\_\_\_

Social Security #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Current Address City State Zip: \_\_\_\_\_

How long at this Address? \_\_\_\_\_ years \_\_\_\_\_ months Do you own  rent

Current Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address City State Zip: \_\_\_\_\_

How long employed? \_\_\_\_\_ years \_\_\_\_\_ months

Are you currently in the military? Yes  No

Commanding Officer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_



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## COMMERCIAL LEASE APPLICATION (Continued from Page 1)

Checking account #: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Savings account #: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Business Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Address City State Zip \_\_\_\_\_

Business Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Address City State Zip \_\_\_\_\_

Business Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Address City State Zip \_\_\_\_\_

### FINANCIAL INFORMATION

**Gross Monthly Employment Salary**     \$ \_\_\_\_\_

**Additional Monthly Income:**

**Additional Expenses:**

Alimony     \$ \_\_\_\_\_

Alimony \$ \_\_\_\_\_

Child Support     \$ \_\_\_\_\_

Child Support     \$ \_\_\_\_\_

Disability     \$ \_\_\_\_\_

Other     \$ \_\_\_\_\_

Dividends     \$ \_\_\_\_\_

**Total**     \$ \_\_\_\_\_

Interest Income \$ \_\_\_\_\_

Investments     \$ \_\_\_\_\_

Pension     \$ \_\_\_\_\_

Social Security     \$ \_\_\_\_\_

Social Services     \$ \_\_\_\_\_

Other     \$ \_\_\_\_\_

**TOTAL**     \$ \_\_\_\_\_





## SUNSHINE MANAGEMENT

### COMMERCIAL LEASE APPLICATION (Continued from Page 2)

Conditions and Information: A lease application, containing three (3) pages, must be completed by all persons who will sign the lease agreement. The completion of this application by tenant and the acceptance of this application by landlord creates no obligation of landlord to approve the application. This application will be approved or rejected usually within five (5) days of being submitted to landlord or landlord's agent. However, there is no obligation of landlord to notify tenant unless the application is approved. If this application is approved, tenant must make the security deposit and sign the lease before the tenancy begins. The applicant hereby waives any claim for damages by reason of non-acceptance of this application which the landlord or landlord's designated agent may reject.

The undersigned agrees to pay a non-refundable application processing fee of \$25.00 for credit check and processing of this application. For businesses and corporations, this fee shall be \$80.00. This is not a deposit on the unit and in no way guarantees applicant will be approved for this unit.

By your signature hereon, you agree that the information disclosed by you herein is true, complete and accurate to the best of your knowledge, and you agree that the information disclosed by you herein is material to the potential landlord's decision with respect to granting or denying your application to enter into a lease.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Updated 11/5/14

**PLEASE READ CAREFULLY**

**APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

This release and authorization acknowledges that Sunshine Mgmt Corp, may now, or any time while I am renting, conduct a verification of my current and previous tenant history, current and previous employment, credit history, contact personal references, and to receive any criminal history information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the Tenant requirements. The results of this verification process will be used to determine tenant eligibility under Sunshine Mgmt Corp tenant policies. In the event that information from the report is utilized in whole or in part in making an adverse action decision with regard to your potential renter, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

I authorize Resolve Partners, LLC and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative of Sunshine Mgmt Corp

**I have read and understand this release and consent, and I authorize the background verification.** I authorize persons, schools, current and former employers, current and former landlords and other organizations and Agencies to provide Resolve Partners, LLC with all information that may be requested. I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge Sunshine Mgmt Corp, Resolve Partners, LLC and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any Agency arising from retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if tenant was denied based on information obtained by my prospective employer and to receive a disclosure of the public record information and of the nature and scope of the investigative report.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name Clearly

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Print Name Clearly

Date: \_\_\_\_\_