RENTAL APPLICATION CHECKLIST

Required Information And/ Or Documents for each adult:				
	Driver's License With Picture Identification			
	Social Security Card			
	A letter from your CPA stating previous and projected earning			
	W-2 Forms For Last Two (2) Years			
	Bank Statements For Last Three (3) Months			
	\$150 cash application fee			
Lessee's Name &Signature:				
	X			

*Please submit copies, not originals of required documents.

COMMERCIAL LEASE APPLICATION

Landlord/Lessor: 827 Bronxwood Corp Date of Application

Location of Leased Premises:
4011 Bronxwood Ave store#

Business Name:			
Name of Persons who will sign lease: Person 1:Address			
Drivers License # \$\$ #			
Phone NumberDate of Birth			
E-mail Address			
Person 2:	Conditions and Information		
Drivers License # State of Issuance	All pages of this lease application must be signed by all persons who will sign the lease agreement.		
Phone Number Date of Birth Additional tenant information is or page 2.			
E-mail Address	The completing of this application		
Is your business a corporation, LLC or other entity? Yes No	by Tenant and the acceptance of this application by Landlord creates no obligation of Landlord to approve		
If yes, what form of business entity?	the application.		
Federal Tax ID Number:	This application will be approved or		
State in which entity was formed:	rejected usually within five (5) days		
Names of Person(s) who will Guarantee Lease	of being submitted to landlord.		
Person 1:	However, there is no obligation of		
Person 2:	Landlord to notify tenant unless the		
Registered Agent Name:	application is approved.		
Address for registered agent:			
CityStateZip Code Proposed use of premises?	If this application is approved, Tenant must make the security deposit and sign the lease before the		
Troposed use of premises:	tenancy begins.		
Other Business Locations:			
	For Landlord's Use Only		
Credit Reference:	Rent Amount:		
Name:	nemer anounc		
Address:			
CityStateZip Code	Donosite		
Contact:Phone:	Deposit:		
Credit Reference:	Date of Lease to begin:		
Name:			
Address:			
City State Zip Code			
Contact:Phone:			
Name:			
Address: City State Zip Code			
,			
Contact:Phone:			

accurate to	the best of your knowledge, a the potential Lessor's decision	and you agree that the info	by you herein is true, complete and rmation disclosed by you herein is ir denying your application to enter			
Signed:			_ Date:			
Bank Inform						
Name	Type of Account	Account # (optional)	City			
Credit Card	s					
Issuer	Туре	Card # (optional)				
	E OF MANAGER:		Phone:			
Address:			Zip:			
Comments:						
CONSENT TO CREDIT CHECK						
I/We		the un	dersigned applicant(s), authorize			
landlord,			_, or his/her/their agent to order and			
review my/	our credit and criminal history	y and investigate the accura	acy of the information contained in the			
application. I/We further authorize all banks, employers, creditors, credit card companies, references, and						
any and all	other persons to provide to L	andlord any and all informa	ntion concerning my/our credit.			
Signed:			_ Date:			
Signed:						