

# COMMERCIAL APPLICATION INFORMATION

Unit: \_\_\_\_\_

**Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Your Social Security # \_\_\_\_\_ Business TIN # \_\_\_\_\_

Current Phone Numbers: Ho:(\_\_\_\_\_) \_\_\_\_\_ Wk:(\_\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell:(\_\_\_\_\_) \_\_\_\_\_

**Name of Business/Profession** \_\_\_\_\_ **How Long** \_\_\_\_\_  
**Which Will Occupy Unit:** \_\_\_\_\_ **In Business?** \_\_\_\_\_

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**Current Business** \_\_\_\_\_ **How** \_\_\_\_\_  
**Address-Street:** \_\_\_\_\_ **Long?** \_\_\_\_\_

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

Current Landlord-Name: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_

Why Are You Moving? \_\_\_\_\_ Current Rent:\$ \_\_\_\_\_

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**Previous Business** \_\_\_\_\_ **How** \_\_\_\_\_  
**Address-Street:** \_\_\_\_\_ **Long?** \_\_\_\_\_

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

Previous Landlord-Name: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_

Why Did You Move? \_\_\_\_\_ Previous Rent: \$ \_\_\_\_\_

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**Home Address:** \_\_\_\_\_ **How** \_\_\_\_\_  
Long? \_\_\_\_\_

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

Own Monthly Mortgage Payments? \$ \_\_\_\_\_

Rent Monthly Rent? \$ \_\_\_\_\_ (Complete Landlord Information Below)

Landlord-Name: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_

(OVER)



**Office Use Only:** Rent: \_\_\_\_\_ Sec. Dep. \_\_\_\_\_ App. Dep. \_\_\_\_\_

**INCOME INFORMATION:**

Business Average Gross Monthly Income: \$ \_\_\_\_\_ Annual Gross \$ \_\_\_\_\_

Average Net Income After Expenses,  
Loan and other Payments: \$ \_\_\_\_\_ Annual Net \$ \_\_\_\_\_

Is the "Net Income"  
Above Calculated Before  Or After  Your Salary or Draw Annual  
Amount: \$ \_\_\_\_\_

Other  
Income: \_\_\_\_\_ Source: \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR MOST CURRENT INCOME TAX RETURN  
OR A FINANCIAL STATEMENT PREPARED BY A CPA**

Your Bank: \_\_\_\_\_ Type of  
Account: \_\_\_\_\_

Credit  
Cards: \_\_\_\_\_ Account  
Number: \_\_\_\_\_

Number: \_\_\_\_\_

Driver's  
License # \_\_\_\_\_

Auto Type: \_\_\_\_\_ Year: \_\_\_\_\_ License # \_\_\_\_\_

**IN CASE OF  
EMERGENCY, NOTIFY:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address-Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**DO YOU EXPECT ANY CHANGE  
IN YOUR BUSINESS OR INCOME?** \_\_\_\_\_

It is hereby agreed and understood that willfully giving false information on this form is grounds for immediate eviction. By my signature hereon, I hereby authorize the release of information regarding my employment, banking, and/or credit ratings to Bartlein & Company, Inc. I understand that a credit report will be obtained from Trans Union Corp., P.O. Box 390, Springfield, PA 19064 Phone: (714) 680-7292 and that I may obtain a copy of my credit information directly from them.

\_\_\_\_\_  
Signature DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Commercial Application Information.Doc 6/12