

COMMERCIAL APPLICATION

PROPERTY ADDRESS: _____ PROPOSED MOVE IN DATE: _____ \$100.00 APPL. DEPOSIT:* \$ _____

MONTHLY RENT AMT: \$ _____ DAMAGE DEPOSIT: \$ _____ CO-APPLICANT'S NAME: _____

*NOTE: The full application deposit (\$100.00) is refundable unless one or more of the following three conditions occur: 1) the applicant has factually misrepresented information on this application, 2) the applicant has not disclosed a prior felony conviction or eviction proceeding against them, or 3) the applicant decides not to rent the property identified above as the "Property Address".

BUSINESS NAME:		CURRENT ADDRESS	UNIT #	CITY	STATE	PHONE # ()	IN BUSINESS SINCE Mo. ____ / ____ Yr.	
YEARLY GROSS SALES: \$ _____		ANNUAL NET PROFIT: \$ _____		EIN: _____				
CURRENT LANDLORD'S NAME (BUSINESS)		ADDRESS (Street, City, State)			PHONE # ()		RENT/MO. \$ _____	DATES FROM / TO / /
PREVIOUS LANDLORD'S NAME (BUSINESS)		PHONE # ()		ADDRESS WHERE RENTED (Street, City, State)			RENT/MO. \$ _____	DATES FROM / TO / /
APPLICANT'S PERSONAL INFORMATION			SOCIAL SECURITY #		DRIVER'S LICENSE #		DATE OF BIRTH	HOME PHONE #
<i>Complete Legal Name (First, Middle, Last)</i>			/ /				/ /	()
HOME ADDRESS			APT #	CITY	STATE	ZIP CODE	# OF DEPENDENTS	
LANDLORD'S NAME/PROPERTY MGMT COMPANY		PHONE # ()		RENT AMOUNT: \$ _____ / Mo.	DATES OCCUPIED (INCLUDE MONTH & YEAR) From: _____ To: _____			
PREVIOUS ADDRESS			APT #	CITY	STATE	ZIP		
PREVIOUS LANDLORD/PROPERTY MGMT CO.		PHONE # ()		RENT AMOUNT: \$ _____ / Mo.	DATES OCCUPIED (INCLUDE MONTH & YEAR) From: _____ To: _____			
ADDITIONAL SOURCES OF INCOME (eg. Part time job, Assistance, Disability)								
NAME OF INCOME SOURCE		MONTHLY INCOME	PHONE # (if Applicable) ()		LOCATION City / State		SINCE (Give Start Date) Month / Year	
BUSINESS BANK ACCOUNT								
NAME OF BANK		ADDRESS		CITY	STATE	PHONE # ()		
CHECKING? Y / N (Circle One) ACCT. #			SAVINGS? Y / N (Circle One) ACCT. #			LOAN? Y / N (Circle One) ACCT. #		
COMPANY OWNED VEHICLES								
YEAR	MAKE	MODEL	COLOR	LICENSE PLATE #	STATE	MONTHLY AUTO LOAN PAYMENT \$ _____	MTHS. LEFT	
YEAR	MAKE	MODEL	COLOR	LICENSE PLATE#	STATE	MONTHLY AUTO LOAN PAYMENT \$ _____	MTHS. LEFT	
CREDIT REFERENCES								
NAME OF INSTITUTION		TYPE OF ACCOUNT (Loan / Revolving)		ACCOUNT #			PHONE # ()	
NAME OF INSTITUTION		TYPE OF ACCOUNT (Loan / Revolving)		ACCOUNT #			PHONE # ()	
PERSONAL REFERENCES								
NAME		ADDRESS		CITY	STATE	PHONE # ()		
NAME- IN CASE OF EMERGENCY		ADDRESS		CITY	STATE	PHONE # ()		
ANSWER "Yes" or "No" TO THE FOLLOWING AS IT PERTAINS TO YOU OR YOUR COMPANY (You may use the back of this form to explain a "YES" answer)								
Ever been convicted of a crime, had an eviction/foreclosure action filed against you, or had a suit, claim or judgment filed against you? Y / N (Circle One)								

The information above is supplied to Swan Leasing as an inducement for them to rent to me. I certify that it is true and correct in all aspects. I authorize whatever credit investigation Swan Leasing deems necessary in order to render a decision on this application. This may include any investigation that relates to this application including, but not necessarily limited to, the following: rental/mortgage history, credit check, criminal background history including MN BCA search at <https://cch.state.mn.us/> and/or other sources, identity check, and a review of personal references.

X _____ DATE: _____
Applicant's Signature

