



COMMERCIAL RENTAL APPLICATION

Foundation First Property Group • 52 1/2 Frederick Street • Hanover, Pa 17331
717-797-4289 • office@FoundationFirstPG.com

- Applications must be completed by each principal owner of each business or entity that would be operating, to any extent in the location for which you are applying
- Once approved, you will need to immediately sign the lease AND pay the security deposit. Until we receive the signed lease AND the security deposit, we will continue to market the property and process applications.
- If ANY of the information below is falsified, the application shall be automatically denied.
- A non-refundable application fee of \$40 per applicant must be submitted with each application

PROPERTY ADDRESS

Property Address:		Lease Start Date:
Rent:	Security Deposit:	Lease Term:

COMPANY INFORMATION

Company Name:	Type of Business:	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	Net Income:	Gross Income:
What will the rental space be used for?	Tax ID:	Year Established:

ADDITIONAL PRINCIPAL OWNERS — *Requires individual application and application fee*

Name:	Name:	Name:
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COMPANY ADDRESS

Current Business Address:	
Move-In Date:	Lease Expiration Date:
Monthly Rent:	Reason for moving/vacating:
Landlord Name/Phone:	

PREVIOUS COMPANY ADDRESS

Previous Business Address:	
Move-In Date:	Lease Expiration Date:
Monthly Rent:	Reason for moving/vacating:
Landlord Name/Phone:	

PERSONAL INFORMATION

Principal Owner:	SSN:
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Date of Birth:		Home Phone:		Work Phone:	
Email:			Driver's License <i>(Include State):</i>		
Current Address:			City/State/Zip:		
Current Rent:	Current Mortgage:	Length of Time:	Payments Current?		
Landlord Name/Phone:					
Previous Address:			City/State/Zip:		
Rent:	Mortgage:	Length of Time:	Sec. Dep. Refunded?		
Landlord Name/Phone					

EMERGENCY CONTACT – *Not living with you*

Name:		Phone:	
Personal Reference:	Relationship:	Phone:	
Business Reference:	Relationship:	Phone:	

APPLICANT QUESTIONNAIRE - *(Personal or Business)*

Has applicant ever been evicted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain
Has applicant ever been asked to move by a landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain
Has applicant ever breached a lease of rental agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain
Has applicant ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain
Has applicant ever lost property to a foreclosure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain
Has applicant ever refused to pay rent when due?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain

Are you able to pay the total amount due prior to moving in? (Rent and Security Deposit)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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APPLICANT AUTHORIZATION - *\$40 non-refundable application fee required at this time*

Applicant agrees to a non-refundable application fee of \$40 per applicant.	Initial:
Applicant authorizes present and past Landlords, employers, references, and any other person to release information regarding applicant's credit, rental, employment, driving and/or criminal history. A copy of this authorization may be accepted as an original.	
Applicants Signature:	Date:

CONSUMER NOTICE FOR TENANTS THIS IS NOT A CONTRACT

1 (Licensee) Jeff Wright hereby states that with respect to this property (describe property)
2 _____, I am acting in

3 the following capacity: (check one)

- 4 (i) Owner/Landlord of the Property;
- 5 (ii) A direct employee of the Owner/Landlord; OR
- 6 (iii) An agent of the Owner/Landlord pursuant to a property management or exclusive leasing agreement

8 I acknowledge I have received this Notice:

9 Date: _____	<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>	_____
		Print (Consumer)		Print (Consumer)
	<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>	_____
		Signed (Consumer)		Signed (Consumer)
		_____		_____
		Address (Optional)		Address (Optional)
		_____		_____
		Phone Number (Optional)		Phone Number (Optional)

19 I certify that I have provided this Notice: _____
20 (Licensee) _____ Date