

The Broker Company 1790 Lee Trevino, Suite 514, El Paso, Texas 79936 Office: (915) 545-2797 www.thebrokercompany.com

Tenant Application

Date:		Property:					Unit #			
Lease Term:		Move-In Date:		Tour Date:	:		SQFT:			
BUSIN	ESS INFORMAT	ION					1			
	A						T D			
	Assumed Registered Business Name:					Identificat	Tax Pay ion # (TIN			
	Current Registered Business Address:									
	Registered Owner(s):									
	Business #:			Emergen Contact						
	Mobile #:			Em Addres						
	Use of Property:					Hours of peration:				
Ві	lling Mailing Address:				0					
Notifica	ation Mailing Address:									
Autho	rized Representative:			Title:				Ac (Yes/	cess /No):	
	Contact #:			Email:			I			
Autho	rized Representative:			Title:				Ac (Yes/	cess /No):	
	Contact #:			Email:						
Autho	rized Representative:			Title:				Ac (Yes/	cess /No):	
	Contact #:			Email:						
Name	e to Appear on Tenant Directory:									
PERSC	NAL INFORMA	TION								
1 st Appli	cant							_	_	
First	, Middle & Last Name:									
Dri	ver's License & State:				SSN #	# :				
	Bank :				Account	#:				
Home Address:										
с	ity, State, & Zip-Code:			·						
	Current Home #:				Cellular #	# :				





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PERSONAL INFORMATION									
2 nd Applicant									
First, Middle	e & Last Name:								
Driver's Li	cense & State:						SSN #	:	
	Bank :					A	Account #	:	
F	lome Address:								
City, Stat	te, & Zip-Code:								
	urrent Home #:						Cellular #		
EMPLOYME	INT INFOR	MATIO	N						
	APPLIC	CANT						2 nd Ap	olicant
Employer/Compa	ny:				Employe	er/Compar	ıy:		
Company Addres	s:				Company Address:				
Number of years	employed & Sala	nry:			Number of years employed & Salary:				
									\$
Work Number:					Work Nu	mber:			
Applicant's Vehic	ele (Year, Make, N	/lodel):			2 nd Applicant's Vehicle (Year, Make, Model):				
EMERGENCY	CONTACT* M	lust Hav	/e		1				
Name:						Relationship:			
Home #:		Work #:					Cellu	ular #:	
Address:									
TRADE REFERENCES									
Name:				Relat	ionship:				
Company	:					Compa	ny Title:		
Co. Phone #	:					Alte	ernate #:		

The Broker Company



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Relationship:	Name:
Company Title:	Company:
Alternate #:	Co. Phone #:

Relationship:	e:	Name:
Company Title:	y:	Company:
Alternate #:	#:	Co. Phone #:

As a good faith, client has paid via (circle): Check / Money Order / Cashier's Check to hold said unit: \$_____

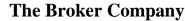
Applicant agrees to the following that should be received prior to or at lease signing, on said unit.

Security Deposit: \$_____ Date: _____

First Months Rent: \$_____ Date: _____

The above information is represented to be true and correct and is provided to The Broker Company in order for applicant to rent said unit. The Broker Company is hereby authorized to contact and make appropriate inquiry from the available sources, references and banks listed below. It is understood that any information provided or obtained as a result of this Credit Application will be kept confidential and will be used only to evaluate the Applicant's credit. The applicant agrees to pay and all rents according to the terms as listed in the rental contract.

APPLICANT SIGNATURE:	Date:
APPLICANT SIGNATURE:	Date:
	Dute
LEASING AGENT'S SIGNATURE:	Date:





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APPROVAL STATUS – AUTHORIZED MANAGEMENT ONLY

APPROVED:	NOT APPROVED*:	DATE:
-		

LANDLORD'S/AUTHORIZED REPRESENTATIVE'S SIGNATURE:

FOR PROPERTY MANAGEN	IENT USE ONLY			
Application Received:	Move-In Inspection Date:		M/I Inspection Date:	
Square Feet:	Monthly Rent:		Deposit:	
Leasing Agent:	·	Date:		
State why applicant(s) were no	ot approved for future record:			
Concessions:				
Landlord T/I Allowance:				
Tenant Improvements:				
Number of Office Keye provid			ot ¢	201
office key total cost to be bille	ed Additional office	e keys requested	at ֆ_	pei
	vided Additio		requested	at \$
per access card, total cost to b	be billed to tenant: \$	·		

Provided with ______ Men Restroom Keys & _____ Women's Restroom Keys.

RENT SCHEDULE:

Lease Term		Rent Increase	Monthly Rent	CAM Fees	Total Rent	Yearly Rent	30 Day Notice Date	
Six Months:	Thru							
Year one:	Thru							
Year two:	thru							
Year three:	thru							
Year four:	thru							
Year five:	thru							
Year six:	thru							
Year seven:	thru							
Year eight:	thru							
Year nine:	thru							
Year ten:	thru							

Entered Yardi: _____ Date: _____ Property Manager's Initials: _____