

# COMMERCIAL LEASE APPLICATION

*(Send to [contact@hfundmgmt.com](mailto:contact@hfundmgmt.com))*

## - THE BUSINESS.

Business Name: \_\_\_\_\_

Principal Office Address: \_\_\_\_\_

Unit of interest: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Type of Entity:  - LLC  - Corporation  - Partnership  - Other \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Federal TAX ID Number (FEIN): \_\_\_\_\_

Business Type: \_\_\_\_\_ (e.g. "pharmacy", "convenience store", etc.)

Term Inquiry: (minimum 5 years) \_\_\_\_\_

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## - THE TENANT.

Owner/Principal: \_\_\_\_\_

Ownership Percentage: \_\_\_\_\_ %

Tenant Personal Mailing Address: \_\_\_\_\_

Title:  - President  - CEO  - Vice President  - Other \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security Number (SSN): \_\_\_\_\_

2<sup>nd</sup> Owner/Principal: \_\_\_\_\_



2nd Owner/Principal: \_\_\_\_\_ a  
Ownership Percentage: \_\_\_\_\_ %  
Tenant Personal Mailing Address: \_\_\_\_\_

Title:  - President  - CEO  - Vice President  - Other \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security Number (SSN): \_\_\_\_\_

**- LEASE GUARANTEE.**

Name(s) of the Person(s) that will Guarantee the Lease:

Person 1: \_\_\_\_\_

Person 2: \_\_\_\_\_

**\*\*Please attach a photo of all Driver's Licenses of all Guarantees. \*\***

**- CONSENT.**

I/We, \_\_\_\_\_, the undersigned applicant(s) authorize the Landlord,  
\_\_\_\_\_, or his/her/their agent to order and review my  
criminal history and investigate the accuracy of the information contained in the application.

Tenant Signature  Date \_\_\_\_\_