

# **COMMERCIAL/RETAIL APPLICATION FOR LESSEE(S)**

## **INFORMATION & DOCUMENTATION REQUIRED FOR PROSPECTIVE RETAIL LESSEE(S)**

*Dear Prospective Commercial/Retail Tenant:*

*Thank you for your interest in commercial/retail/office space for which the United House of Prayer (UHOP) is the Landlord.*

*Here are a few items that we require to process your Application and present an offer to the Landlord/CEO & Sole Trustee:*

- **Complete the Application and sign the Authorization forms, as attached.** Complete an authorization form for each and every Landlord or Financial Institution in its entirety and include a fax number.
- **Any Promotional Brochures and Business Plans** you wish to share with Landlord
- **Two (2) Most Recent Business and/or Individual Tax Returns, as Completed, Signed and Filed with IRS.**

**NOTE: Should the above instructions NOT be followed in the entirety, your submission will be deemed NON-RESPONSIVE, and WILL NOT be processed.**

*Please send information:*

**ATTN: UHOP COMMERCIAL PROPERTY MANAGEMENT**  
[ccommodore@tuhop.org](mailto:ccommodore@tuhop.org)  
[mhodge@tuhop.org](mailto:mhodge@tuhop.org)

*You may also fax relevant information to our office at: 202-829-4717.*

*If there are any questions/concerns, do not hesitate to contact our Office at: 202-722-0309.*

Sincerely,

Commercial Property Team

# U.H.O.P COMMERCIAL/RETAIL APPLICATION FORM

Property Applying for \_\_\_\_\_ Move In: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Contact Phone #: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Name  
of Business: \_\_\_\_\_ New or Existing?

Home Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Current Business Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Yrs at this location? \_\_\_\_\_ Phone: \_\_\_\_\_  
Previous Business Name(s) (if different) \_\_\_\_\_  
Previous Business Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Please select one:  Corporation  Partnership  Sole Proprietor  Other  
Total Years in Business \_\_\_\_\_ Annual Sales/Revenue \_\_\_\_\_  
Description of Business Activities \_\_\_\_\_  
Federal Tax ID(s) \_\_\_\_\_

*(Additional Sheet(s) May be added, if necessary, to answer any item completely)*

### Business Reference

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Bank Reference

Name of Bank: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account Number: \_\_\_\_\_

**An Incomplete Application Form Can Not Be Processed!!!**

*I/We confirm that all the information supplied is true and correct. I/we understand that I/we can be turned down for the property if i/we have falsified any information on this application. I/we hereby authorize the verification of all above information by United House of Prayer (UHOP or Landlord or American Tenant Screen, including a business credit report. This application does not constitute a contract, lease, or agreement for space.*

Company Name: \_\_\_\_\_  
By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized Signature)

FAX TO 202-829-4717 FOR PROCESSING

Date:

To:

From: United House of Prayer  
Commercial Property Management Office  
628 M Street NW  
Washington DC 20001

Re: Account Number: \_\_\_\_\_  
Account Name: \_\_\_\_\_  
Account Address:

\_\_\_\_\_, Owner of the above account has given us your name as a reference.  
Since \_\_\_\_\_ is interested in a store/office space we presently have for  
lease, \_\_\_\_\_ has authorized you (by signature below) to answer the  
following questions:

1. Does the prospect have an account with your company? \_\_\_\_\_
2. How long has this account been open? \_\_\_\_\_
3. What is the size of the account? \_\_\_\_\_
4. Is it a satisfactory account? \_\_\_\_\_

Name of person responding: \_\_\_\_\_

Title of person responding: \_\_\_\_\_

Signature: \_\_\_\_\_

Since this information is important to our decision making process, a prompt reply would be appreciated.  
If possible, please FAX or EMAIL your reply to us at (202) 829 – 4717 / [apostlegreen@hotmail.com](mailto:apostlegreen@hotmail.com) ,  
[cconnodore@tuhop.org](mailto:cconnodore@tuhop.org), and [mhodge@tuhop.org](mailto:mhodge@tuhop.org)

Please contact us at (202) 722-0309 with any questions.

\_\_\_\_\_  
Signature of Authorization

Date: \_\_\_\_\_

To: \_\_\_\_\_

From: United House of Prayer

Commercial Property Management Office

628 M Street NW

Washington, DC 20001

Re: \_\_\_\_\_

The above person completed an application for a commercial lease and has given your name as Landlord reference. Please answer the following questions:

1. How long have you been the Tenant's landlord? \_\_\_\_\_
2. Has the Tenant kept the premises in a satisfactory manner? \_\_\_\_\_
3. Has rent been paid on time and all the time? \_\_\_\_\_
4. As landlord, would you want Tenant to remain in your premises? \_\_\_\_\_
5. Any other comments? \_\_\_\_\_

Name of person responding: \_\_\_\_\_

Title of person responding: \_\_\_\_\_

Signature: \_\_\_\_\_

Since this information is important to our decision making process, a prompt reply would be appreciated. If possible, please FAX your reply to us at 202-829-4717.

Please contact us at 202-722-0309 with any questions.

\_\_\_\_\_

Signature of Authorization