

Visual Proof of Drivers License or State I.D.:  Yes  No I.D. Checked by: \_\_\_\_\_

Mgmt Company

Contact Name

Telephone #

CLIENT #: \_\_\_\_\_

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**COMMERCIAL PROPERTY - RENTAL APPLICATION**

PERSONAL CREDIT REPORT  CRIMINAL SEARCH  BUSINESS CREDIT REPORT

RENTAL PROPERTY LOCATION: \_\_\_\_\_

**APPLICANT INFORMATION**

(LEGAL) Last Name		First	Middle	Soc. Sec. #	Date of Birth
Drivers License Number	State	Expiration date	Other Names Used		
Home Phone	Business Phone	Cell Phone	Email Address		
Present Home Address	City	State	Zip	From _____ To _____	Monthly Pmt \$
Current Employer	Address		City	State	Zip
Phone	Occupation	Date of Hire	Monthly Salary \$		

**BUSINESS INFORMATION**

Business Name	Type of Business	Date Established			
Corp, LLC or Proprietorship	Tax ID/EIN	Web-site Address			
Current Business Address	City	State	Zip	From _____ To _____	Monthly Pmt \$
Landlord Name	Address	City	State	Zip	Landlord Phone
Previous Business Address	City	State	Zip	From _____ To _____	Monthly Pmt \$
Previous Landlord Name	Address	City	State	Zip	Previous Landlord Phone
Accountant Name/Phone Number	Attorney Name/Phone Number				

**BUSINESS TRADE REFERENCES**

Business Name	Address	Phone	Fax
Business Type	Account Number	Date Opened	Terms
Business Name	Address	Phone	Fax
Business Type	Account Number	Date Opened	Terms
Business Name	Address	Phone	Fax
Business Type	Account Number	Date Opened	Terms

**BUSINESS BANKING INFORMATION**

Bank or Savings & Loan	Branch	Address	Account Number
Bank or Savings & Loan	Branch	Address	Account Number

HAVE ANY OF THIS BUSINESS' OFFICERS, PARTNERS OR OWNERS EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?  Yes  No

IF YES, please list the date, city, state and type of all convictions: \_\_\_\_\_  
 Attach separate sheet if necessary.

ARE YOU REQUIRED TO REGISTER AS A SEX OFFENDER?  Yes  No

HAS THIS BUSINESS, IT'S OFFICERS, PARTNERS OR OWNERS EVER BEEN REQUESTED TO VACATE ANY COMMERCIAL SPACE?  Yes  No

IF YES: NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

HAS THIS BUSINESS, IT'S OFFICERS, PARTNERS OR OWNERS EVER BEEN THE DEFENDANT IN ANY LEGAL ACTION? \_\_\_\_\_

HAS THIS BUSINESS, IT'S OFFICERS, PARTNERS OR OWNERS EVER FILED FOR BANKRUPTCY? \_\_\_\_\_

In compliance with state and federal consumer reporting law, you are hereby advised that a screening will be conducted regarding the information contained in this application. The report may contain information regarding your credit-worthiness, character, general reputation, personal characteristics and mode of living. By signing this application, you authorize Moco, Inc., whose address is PO Box 2826, Seattle, WA 98111, and whose telephone number is (800) 814-8213, to conduct the screening and to release information obtained to landlord and landlord's agents. If the application is denied or approved conditionally based upon information contained in the report, you may request and obtain a copy of the report. You have the right to dispute the accuracy of information contained in the report. You may have additional rights under both state and federal law.

I certify that to the best of my knowledge all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

Applicant understands that he/she acquires no rights in rental property until a holding deposit in the amount of \$ \_\_\_\_\_ has been paid. Applicant requests landlord to hold the rental property for applicant while the screening process is completed. If this application is not accepted, the holding deposit will be refunded. If the application is accepted and applicant chooses not to occupy the unit being held, applicant forfeits the holding deposit and no portion of it shall be refunded.

Signed \_\_\_\_\_  
 Applicant

Dated \_\_\_\_\_

**I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.**

Signed \_\_\_\_\_  
 Landlord

Dated \_\_\_\_\_