



2200 E. 104th Ave Suite 105
Thornton, CO 80233
Phone 303-255-1990
Fax 303-942-4070
Email: info@rentgrace.com
www.RentGrace.com

Commercial Rental Application

- 1) Applications must be completed by each principal of each business or entity that would be operating, to any extent, in the location for which you are applying
- 2) Once approved you will need to immediately sign the lease AND pay the security deposit in certified funds. Until we receive the signed lease AND the security deposit we will continue to accept and process applications for the property.
- 3) If ANY of the below information is found to be false, the application shall be automatically denied - so be sure to answer each question fully and honestly.
- 4) A non-refundable application fee of \$50 must be submitted with each application for background screening.
- 5) A tenant amenity fee of \$5 per month will be charged and must be included with the monthly rent payment.

I declare all information provided below is true and accurate. I agree that the Landlord may terminate any agreement entered into in reliance on any false information below. Permission is hereby granted to Landlord to obtain a credit report and criminal report. Permission is also granted to the Landlord and credit bureau to verify any information obtained from any source named herein. I hereby authorize any present or former landlord to provide any information they may have regarding me in their capacity as landlord. Furthermore, I hereby release said landlords, landlords' company or representatives from any and all liability for any damage whatsoever caused for issuing said information.

Name: *(first, middle, last)*: _____

Signature: _____ Today's Date: _____

Property you are applying for: _____

Desired move-in date: _____ Desired Lease Term: _____

Individual's Information:

Date of birth: ___/___/___ Social Security Number: ___/___/___

Home Phone: ___-___-___ Cell Phone ___-___-___

Work Phone: ___-___-___ Email: _____

Driver licenses number: _____ State issued: _____

Emergency contact 1: _____ Phone: ___-___-___

Emergency contact 2: _____ Phone: ___-___-___

Current home address: _____ City: _____ State: _____

Zip Code: _____ You: __ Own, __ Rent | Monthly rent/mortgage: _____

Your total, personal, monthly income before taxes: \$ _____

Have you ever been evicted or refused to pay rent? *(Yes / No)*.

Ever been arrested, or charged for, or convicted of a crime? *(Yes / No)* If yes, please provide details to the nature of the offense, when committed and where:

Used any other name: *(Yes / No)*. If yes, list name(s):

Have you previously or are you currently filing for bankruptcy: *(Yes / No)*. If yes, what date did you file or are you planning to file? _____

Company's Information:

Company name: _____ Type of business: _____

Please describe in detail what the property will be used for: _____

Name of company owner(s): _____

Tax I.D. Number: _____ Number of years company has been in operation: ____ Total number of employees: _____ Number of employees that will be working out of the space for which you are applying : _____ Company's net income: \$ _____ per month. Company's gross income: \$ _____ per *(month / year)*. Will any secondary companies be operating out of the same space? *(Yes / No)*. If yes, list the additional company names: _____

Current business address: _____ City: _____ State: _____

Zip Code: _____ Move-in date: _____ Move out date / Lease expiration date: _____ Will you be vacating this current business address? *(Yes / No)* If yes, have you given notice to vacate? *(Yes / No)*

Monthly rent \$ _____ Reason for moving / vacating: _____

Landlord name: _____ Landlord phone number: _____ - _____ - _____

Previous business address: _____ City: _____ State: _____ Zip Code: _____ Monthly rent/mortgage: \$ _____

Move-in date: ____ / ____ / ____ Move out date / lease expiration date: ____ / ____ / ____

Landlord name: _____ Landlord phone number: _____ - _____ - _____

Did you give notice to vacate? *(Yes / No)* Reason for vacating: _____

A non-refundable application fee of \$50 must be paid for each occupant. Please enter your credit card payment information below.

Name on credit card _____ Card Type (Visa/ Mastercard/Discover/AMEX)
Card number _____ Expiration date _____
3-digit code on the back of card _____ Billing zip code _____

I hereby authorize Grace Management to charge my credit card the above \$50 as well as a 4% processing fee.
Signature _____ Date _____

When you have fully completed this application please submit to the Grace Management office as soon as possible in any of the following ways:

- a. Scan and e-mail to: Info@RentGrace.com
- b. Fax to: 303-942-4070
- c. Physically bring to the office address on the front page of this application

Thank you. If you have questions please call the Grace Management, Commercial Property Manager at 303-255-1990 x 22, e-mail Info@RentGrace.com, or visit our website at www.RentGrace.com. We will contact you as soon as we have completed processing your application!

To be completed by Grace Management:

Received by: _____ Date Received: _____ Time Received: _____

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