

COMMERCIAL TENANT APPLICATION QUALIFICATIONS

APPLICANT SCREENING

Any adult 18 years or older who wishes to operate a business in a rental must apply.

APPLICATIONS REQUIREMENTS (check one box)

- If in Business under 3 years or Sole Proprietor: * May require a personal guarantor.
 - A \$50 Application fee per applicant must be received by cash, Money order, or cashier's check.
 - Commercial Lease Application must be fully completed, dated and signed.
 - Provide 2 years business tax returns (income page only) or financial statement. If none, personal Tax return
 - Complete a Letter of intent (LOI) or submit Terms Sheet.
 - Provide a Business Plan (if in business under 2 years).
 - Provide a state or government issued photo identification and SSN for each applicant.
 - Applicants credit score must be at least 50% favorable. (Derogatory Acc. = Delinquent Payment,).
 - No evictions on file or outstanding balance to a property management Company.
 - No Bankruptcies on file.

- If in Business 3+ years: * May require a personal Guarantor.
 - Commercial Lease Application must be fully completed, dated and signed.
 - Provide 2 months bank statements, financial statement or letter of Good Standing from Bank.
 - Complete a Letter of Intent (LOI) or submit Terms Sheet.
 - Provide 3 landlord references address, contact name, phone, email (if known).
 - Provide 3 credit references- business name, contact name, phone.
 - Provide a state or government issued photo identification and SSN for each applicant.

☐ If National Corporation or Multi-City Locations:

- Complete Letter of Intent (LOI) or submit Terms Sheet.
- Provide a state or government issued photo identification of authorized signor.
- May require a letter of credit for amount of lease over payment period of lease terms.

ADDITIONAL CONSIDERATIONS FACTORS

- False or incomplete information on application.
- Certain criminal convictions including but not limited to (1) Registered sex offenders.
 (2) Domestic violence. (3) Felony drug charges. (4) Aggravated assault.
- Any utility collection on credit.
- Any negative and/or collections accounts on file within the last 24 months.
- Any returned checks on credit.
- Outstanding debts to previous landlords.
- Poor rental history provided by previous landlord (late payment, excessive damage).
- History of poor or unsanitary care of current or previous properties.

ALL APPLICATION FEES ARE NON-REFUNDABLE

2201 S. W.S.	Young Dr. S	Suite 116-B	Killeen, TX ,	76543 (2	254)634-2212	www.killeenlea	<u>ısıng.net</u>
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^{*} Application may be accepted with marginal credit with an additional deposit paid, at the sole discretion of the manager.



SOURCE AND AMOUNT OF INCOME

Total business income shall be three (3) times the amount of monthly rent. At the time of application, it shall be the obligation of the applicant to provide proof of income by submitting copies of the following: Copies of the businesses last tax return, Balance in bank accounts and/or available loans, LES and, other sources of income might be acceptable.

GUARANTORS

AJH Management Company is willing to consider Guarantors. Guarantors must submit the \$50 application fee and submit the proper application. Guarantors must meet all the screening and income requirements by themselves.

HOLD PROPERTY

If applicant is approved, the commercial lease must be signed within 24 hours. Once security deposit for property is paid, and lease signed and received, property will be removed from market and held. If tenant fails to pay rent to gain occupancy, security deposit is forfeited and property is placed back on the market.

SECURITY DEPOSITS

Security deposits is due in full at signing of the lease by certified funds or company checks. * Pro-rated rent or first month's rent may be required as well.

By my signature below I acknowledge that I have read and clearly understand the requirements and considerations set forth in this Commercial Tenant Application Qualifications. I hereby certify that to the best of my knowledge all information that I have provided in the Commercial Lease Application is true and correct. I hereby understand that if my credit, criminal, and rental history screening are not satisfactory or provide inaccurate or incomplete information, my application may be rejected and my application fee will not be refunded.

Signature, Date	Printed Name	
Signature, Date	Printed Name	
Signature, Date	Printed Name	
Signature. Date	Printed Name	

ALL APPLICATION FEES ARE NON-REFUNDABLE

2201 S. W.S. Young Dr. Suite 116-B | Killeen, TX, 76543 | (254)634-2212 | www.killeenleasing.net

Initials		,		
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COMMERCIAL LEASE APPLICATION

Location of Leased Premises: Center Suite # S.F. Business Name: Name of Person who will sign lease: Person 1: ('irist) ('field) (Least) Street Address: City State Zip Phone Number (Work): () Phone Number (Mork): () Phone Number (Mork): () Phone Number (Mobile): () E-mail Address: Driver's License No. State of Issuance: Date of Birth: Is your business a corporation, LLC or other entity? Yes No - If yes, what form of business entity? - Federal Tax Izn Number: - State in which entity formed? - Names of Person(s) who will Guarantee Lease - Person 1: - Person 2 (Will need to fill out a separate form unless married) Proposed use of premises? Experience in business (please describe): COMMERCIAL RENTAL HISTORY Present Address: (Continued on Page 2) By your signature hereon, you agree that the information disclosed by you herein is true, complete and accurate to the best of your knowledge, and you agree that the information disclosed by you herein is material to the potential Lesson's decision with respect to granting or denying your application to enter into a lease. Signed: Date: Date: Date: Date:	Landlord/Lessor:	Date of Application:
Business Name: Name of Person who will sign lease: Person 1: (Prist) (Matide) (Last) Street Address: City State Zip Phone Number (Work): () Phone Number (Work): () Phone Number (Home): () Phone Number (Home): () Phone Number (Mobile): () Phone Number (Nobile): () Phone Num	Location of Leased Premises:	
Name of Person who will sign lease: Person 1: (Pinch) (Middle) (Last) Street Address: City State Zip Phone Number (Work): Phone Number (Home): () Phone Number (Home): () Phone Number (Mobile): () Phone Number (Mobile): () Priver's License No. State of Issuance: Social Security Number: Is your business a corporation, LLC or other entity? Yes No - If yes, what form of business entity? - Federal Tax ID Number: - State in which entity formed? - Names of Person(s) who will Guarantee Lease - Person 1: - Person 2 (Will need to fill out a separate form unless married) Proposed use of premises? Experience in business (please describe): COMMERCIAL RENTAL HISTORY Present Address: (Continued on Page 2) By your signature hereon, you agree that the information disclosed by you herein is true, complete and accurate to the best of your knowledge, and you agree that the information disclosed by you herein is material to the potential Lessor's decision with respect to granting or denying your application to enter into a lease.	Center Suite #	S.F
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Signed: Date:	best of your knowledge, and you agree that the information disclosed by	you herein is material to the potential Lessor's
Date.	Signed:	Date
	Jigneu.	Date

CREDIT REFERENCE (cu	rrent or former la	andlords, bank	s, vendors, etc.)			
Name:		•	,			
Address:						
City State Zip						
Contact:			Phone:			
Communication			Thener			
CURRENT MONTHLY IN	COME					
Name/Source	Amount		Name/Source	Amount		
rume, source	, anounc		riame, source	, anodne		
	_					
CURRENT MONTHLY EX	PENSES					
Creditor	Amount		Creditor	Amount		
Cicultoi	Amount		Creditor	Amount		
			-	<u> </u>		
				<u> </u>		
ASSETS	VALUE	SOURCE	LIABILITIES	AMOUNT	CREDITOR	
Cash on Hand & in Banks			Accounts Payable			
Savings Accounts			Notes Payable to Banks			
IRA/Retirement Accounts			Auto Payments			
Accounts Receivable Insurance Cash Surrender			Other Installment Accounts Loans on Life Insurance			
Stocks & Bonds			Mortgages on Real Estate			
Real Estate			Unpaid Taxes			
Automobiles			Other Liabilities			
Other Personal Property			Other Liabilities			
Other Assets						
Other Assets			TOTAL LIABILITIES:			
Other Assets						
TOTAL ASSETS:			NET WORTH:			
	9	CONSENT TO	CREDIT CHECK			
I,			, the undersig	ned applicant(s) authorize	
			er/their agent to order an			
_	_	-	the information contained			
		-	redit card companies, refer tion concerning my/our cre	-	and all other	
persons to provide to La	andiord any and	an iniorina	tion concerning my/our cre	art.		
Signed:			Date:			
•						