



CLAREMONT OFFICE
26 TREMONT STREET
CLAREMONT, NH 03749
(803) 542-5188

ASCUTNEY OFFICE
P.O. BOX 280, ROUTE 5
ASCUTNEY, VT 05030
(802) 674-8311

COMMERCIAL RENTAL APPLICATION

IMPORTANT! PLEASE READ BEFORE RETURNING APPLICATIONS.

Thank you for your interest. Please fill out the rental application completely and clearly, and return to the address at the top of the application.

- A separate application is needed for each "personal guarantee" that will be listed on the lease.
- A color copy of each applicant's driver's license is required.

Please review all sections of your application and verify that it is complete. Be sure that you have signed and dated it, and filled out all zip codes, social security numbers, and dates of birth.





RETAIL RENTAL APPLICATION

Thank you for your interest in our retail space. Please complete all requested information on both pages of the form.

Retail Space Desired: _____
Desired Date of Occupancy: _____

PERSONAL INFORMATION

Applicants Full Name: _____
Date of Birth: _____ Social Security Number: _____
Email Address: _____

RESIDENCE HISTORY

Present Home Address: _____ City: _____ State: _____ Zip: _____
Cell Phone: _____ Home Phone: _____ Length of Time at Address: _____
Amount of Rent: _____ Landlord Name: _____ Phone: _____

BUSINESS INFORMATION

Business Name: _____
Business Website: _____
Business Description/Use of Space: _____

Current Business Address: _____ How Long: _____
City, State, Zip: _____ Telephone: _____
Landlord: _____ Telephone: _____

BANKING AND CREDIT REFERENCES

Bank: _____ Branch: _____
Credit Reference 1: _____ Contact Name: _____ Contact #: _____
Credit Reference 1: _____ Contact Name: _____ Contact #: _____

VEHICLE INFORMATION

Number of Automobiles: _____ Drivers License #: _____

Make: _____ Model: _____ Year: _____ Color: _____ Plate No. _____

Make: _____ Model: _____ Year: _____ Color: _____ Plate No. _____

***Total Monthly Household Income:** _____

If there are other sources of income that you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support, or spouse's annual income unless you would like us to consider it in this application.

Amount \$ _____ Source: _____ Telephone: _____

Amount \$ _____ Source: _____ Telephone: _____

HAVE YOU EVER: Been sued for non-payment of rent? Yes ___ No ___
Been evicted or asked to move out? Yes ___ No ___ Broken a Rental Agreement or Lease? Yes ___ No ___
Been sued for damage to rental property? Yes ___ No ___ Declared Bankruptcy? Yes ___ No ___
Been convicted of a felony? Yes ___ No ___

Other Remarks: _____

In Case Of Emergency, Notify: _____

Relationship: _____ Phone#: _____

I/WE have read the foregoing and certify that the information herein submitted by me/us is true and correct, and that this application is submitted for the purpose of helping the approval of this application on my/our behalf. Subject to the above, agent agrees to process this application, make searches and investigations, and credit check. I/we authorize the agent for this company to verify all the above information. I/we understand that agent will retain the application whether or not it is approved.

Applicants Signature

Date

Reference Verification	Remarks FOR OFFICE USE ONLY
Present Landlord: _____	
Previous Landlord: _____	
Employment: _____	
Bank: _____ Credit #1: _____	
Credit #2: _____ Other: _____	

Date: _____ Approved: _____ Not Approved: _____

By: _____ Move In Date: _____