

APPLICATION SUBMISSION

## Before you submit

Complete the application that follows and return the full packet to your LeaseFlorida property manager. To process the application we will need:

- 1. Completed lease application**  
All fields signed and dated.
- 2. Copy of the prospect's driver's license**  
Front side, legible scan or photo.
- 3. \$50 background-screening fee**  
Non-refundable. Covers third-party screening.

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Background screening is performed by a third-party service (tenantbackgroundsearch.com). Your information is used solely for tenancy review and is handled in accordance with our Privacy Policy.

### Questions?

info@leaseflorida.com | 305-827-8373 | 5901 NW 151st St, Suite 126, Miami Lakes, FL 33014



**LEASE APPLICATION WITH PERSONAL GUARANTEE**

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

**Company Information**

Full Legal Name _____	Phone# _____
DBA (if different) _____	Fax# _____
Address _____	Email _____
City _____ State _____	Zip Code _____
Website _____	
Type of Company:    ___ Corporation                      ___ Partnership                      ___ Limited Liability Company	
___ Sole Proprietor                      ___ Other (specify) _____	
Federal Tax ID# or Social Security Number _____	How long in business? _____
State where incorporated _____	Number of employees _____

**Ownership Information**

Please complete the below information for all officers, partners, members and owners. Please attach a separate sheet of paper if more space is required.

Name	Title	Ownership%	Home Address	Home Phone #

**Bank Reference**

Name of Bank: _____	Bank Address _____	Phone # _____
Contact Name: _____	Account# _____	Type of Account: _____

**Trade References**

Please list three significant business relationships.

Name	Address	Phone #	Contact

**Mortgage Holder/Landlord Information**

Do you rent or own premises that the business occupies? _____	Years at location: _____
Mortgage Holder/Landlord Name: _____	Contact Person: _____
Address: _____	Phone#: _____

- (1) Has the company or any officer, partner, member, or owner ever filed for bankruptcy? Yes/No (If yes attach detail)
- (2) Has your company or any company that any officer, partner, member or owner been associated with as an officer, partner, member, or owner ever had credit with us before? Yes/No (If yes under what name \_\_\_\_\_)
- (3) Has an eviction ever been filed against you or any company you have been associated with.
- (4) Have any lawsuits ever been filed against you or any company you have been associated with ? for what ? \_\_\_\_\_
- (5) Have you ever been accused or charged for any criminal activity ? for what \_\_\_\_\_
- (6) Why are you moving from your last office ? \_\_\_\_\_

The foregoing questions are voluntary. I hereby certify and warrant that my answers to these questions are true and correct. Any false statements on this application may be grounds for denial and /or default.

\_\_\_\_\_  
Tenant Signature

By signing below, I certify that I have the authority to bind the company to this agreement, and that I agree to Landlord's terms of sale of \_\_\_\_\_, I also agree and accept that the lease limit and lease terms maybe changed or withdrawn at the sole discretion of the Landlord. Creditor shall include creditor subsidiaries, related companies, and assigns.

The information given herein is offered as part of a request by the applicant for a commercial lease. The information provided is represented by the applicant to be true, correct and complete. The Applicant authorizes Landlord to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes its banks and trade creditors to provide Landlord with complete information for the purpose of credit evaluation. The applicant understands that all past due balances will be subject to a \_\_\_\_\_ per month finance charge. The applicant further agrees to pay a \_\_\_\_\_ collection charge in the event of default, if the account is placed with a collection agency or attorney.

Applicant Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Tenant acknowledges and affords Leaseflorida and any of its business entities permission to perform a background check that will include a check of the Sex Offender and National criminal data bases for evaluation purposes. Tenant shall pay a onetime \$50.00 background fee which is nonrefundable no matter the outcome of the report (s) or whether landlord accepts or refuses tenant application for tenancy. Landlord reserves the right to accept applications and tenancies for any reason whatsoever in their sole discretion.**

**Tenants represents and warrants that applicant has not omitted any information and has fully disclosed all information that may or may not affect their tenancy**

**Personal Guarantee**

In consideration of any credit extended, the undersigned will personally guarantee full and prompt payment of all indebtedness of \_\_\_\_\_ owed to \_\_\_\_\_. This personal guarantee shall remain in force until its revocation is received by certified mail to the address and attention of \_\_\_\_\_.

Revocation shall not affect indebtedness incurred prior to receipt of written notice.

Individual Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_



## Tenant Contact Sheet

### Tenant & Lease Information

Property Address (including unit #): \_\_\_\_\_

Tenant Name (Person leasing the unit): \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Move-In Date: \_\_\_\_\_

### Tenant Contact Information

Home Address: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Alternate Contact (Name): \_\_\_\_\_

Alternate Contact Email: \_\_\_\_\_

Alternate Contact Phone: \_\_\_\_\_

### Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_

Relationship to Tenant: \_\_\_\_\_

Emergency Phone (Cell Only): \_\_\_\_\_

Emergency Email: \_\_\_\_\_

Preferred Contact Method (Call / Text / Email): \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_

Secondary Contact Phone: \_\_\_\_\_

**Operations / Maintenance Contact**

(Person responsible for maintenance requests and daily operations of the space)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Billing Contact**

(Person responsible for rent, CAM, or invoicing matters)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Form Completed By**

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

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