



COMMERCIAL RENTAL APPLICATION FORM

910 Ivy Avenue East . Saint Paul . MN . 55106
(651) 224-3002

Owner Name and Phone Number

Rental Address and Unit Number Expected Move In Date

ONLY ONE PERSON PER FORM. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

APPLICANT INFORMATION

Applicant FULL Legal Name (Last, First and Middle) Date Of Birth Social Security Number

List All Nicknames, Maiden Names, Former Names, etc. License Or ID Number

Present Address (Street, City, State, Zip) Move In Date Own Or Rent?

Present Landlord / Manager / Apartment Complex / Mortgage Company Monthly Rent Or Mortgage Payment

Relationship To Landlord (If Applicable) Landlord Phone Number ( Landline If Possible )

Personal Banking Information (Name, Branch) Account Type Account Number

Source(s) Of Income Phone Number Amount Per Month

Name And Address Of Person To Contact In Case Of Emergency Phone Number

Name And Address Of Person To Contact In Case Of Emergency Phone Number

Have You Ever Filed For Personal Bankruptcy? Yes No Business Bankruptcy? Yes No

Have You Ever Been Arrested Or Charged With A Crime Other Than A Traffic Violation? Yes No

Have You Ever Been Evicted / Been Asked To Vacate / Not Paid Rent When Due? Yes No

Have You Ever Resided In Another State? Yes No When and Where? \_\_\_\_\_

**BUSINESS INFORMATION**

Name Of Business Business Phone Number

Date Business Started Federal ID Number State ID Number

Present Commercial Address (Street, City, State, Zip) Move In Date Move Out Date

Present Landlord / Manager Landlord Phone Number ( Landline If Possible )

Relationship To Landlord Rent Amount Reason For Relocation

**If Not Currently Renting A Commercial Space, Please List The Most Recent Rental.**

Previous Commercial Address (Street, City, State, Zip) Move In Date Move Out Date

Previous Landlord / Manager Landlord Phone Number ( Landline If Possible )

Nature Of Business Business Type (ie., Corporation, Franchise)

Number Of Employes On Site Number Of Daily Visitors Typical Business Hours

Number Of Company Vehicles Number Of Parking Spaces Desired

Desired Move In Date Desired Lease Term

Business Banking Information (Name, Branch) Account Type Account Number

**TRADE REFERENCES**

Business Name Contact Name Phone Number

Business Name Contact Name Phone Number

Business Name Contact Name Phone Number

**RELEASE**

**I understand and agree that this application is not a lease and that it may be accepted or rejected by the Lessor. I hereby authorize the Lessor and/or Twin City Tenant Check, Inc. to obtain any and all information available from any organization for the purpose of review of my credit, criminal, rental and employment history. This may include, but is not limited to, consumer credit reports, salary, any additional income sources, reason for termination of employment and/or residency, and public records held by government agencies. I certify the above information is true and complete to the best of my knowledge and understand that any false or misleading information may be grounds for rejection of this application or termination of lease.**

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Signature of Applicant

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Date

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Home Phone Number

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Printed Name Of Applicant

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Daytime Phone Number

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Cell Phone Number