



GATE HOUSE REALTY

492 Main Street, Beacon, NY 12508

ph. 845.831.9550 fax 845.831.9552

www.gatehoureality.com

COMMERCIAL RENTAL APPLICATION

Address of Rental Property _____

Lease Start Date _____ Length of Lease _____

Business Name _____

Current Business Address _____

City _____ State _____ Zip _____

Business Phone _____ Business Fax _____

Business Owner's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Email Address _____

Date of Birth _____ Social Security _____

Type of Business _____

of Years in Business _____ Net Monthly Income _____

Previous Business Addresses for Past 3 Years _____

Professional History _____

Loans _____ Balance _____
Loans _____ Balance _____
Loans _____ Balance _____

PERSONAL REFERENCES

Name _____
Phone _____ Relationship _____
Name _____
Phone _____ Relationship _____

PROFESSIONAL REFERENCES (NO RELATIONS, PLEASE)

Name _____
Phone _____ Relationship _____
Name _____
Phone _____ Relationship _____

EMERGENCY CONTACT

Name _____
Phone _____ Relationship _____

I, the undersigned, do hereby certify the facts set forth in the above inquiry are true and accurate. I authorize you to contact my prior landlord and check all additional references provided in this form. I also authorize you to verify my financial and credit record.

Prospective Tenant _____ Date _____
Prospective Tenant _____ Date _____