

DWELLING PLACE OF GRAND RAPIDS, INC.
101 Sheldon Blvd. SE, Suite 2
Grand Rapids, Michigan 49503
(616) 454-0928
APPLICATION FOR COMMERCIAL TENANCY

ADDRESS OF COMMERCIAL SPACE FOR WHICH APPLICATION IS SUBMITTED: _____

1. Full Legal Name of Lessee: _____
2. Social Security # or if corporation, Federal I.D. # _____
3. Present Business Address (If applicable): _____
_____ Zip: _____
4. Business Phone # (If applicable): _____
5. Current Commercial Landlord (*Name, Address, and Telephone # if applicable*):

How long? _____ Monthly lease amount: \$ _____

6. Previous Commercial Address: (*If less than two years at present address*)

7. Previous Commercial Landlord (*Name, Address, and Telephone #*):

How long? _____ Monthly lease amount: \$ _____

8. Name(s) of all persons involved in business ownership:

FULL LEGAL NAME	DATE OF BIRTH	SOCIAL SECURITY #	DRIVERS LICENSE #	CURRENT ADDRESS	CURRENT PHONE #
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____

Will anyone work with you at this address who is not listed above? Yes No
If yes, explain: _____

Does anyone plan to work with you in the future who is not listed above? Yes No
If yes, explain: _____

9. What building adaptations will you require, if any?

10. Commercial/Business Assets: Bank _____ Checking _____ Savings _____

NOTE: Before final consideration of lease space can be made, a formal business plan must be submitted for review by Dwelling Place. Assistance in development of a business plan is available through the Greater Grand Rapids Chamber of Commerce, if needed. Exceptions to this requirement can be offered according to the attached policy.

Please list a minimum of three (3) commercial credit references.

Company Name	Contact Person	Phone Number	FAX Number	Address
_____	_____	() _____	() _____	_____
_____	_____	() _____	() _____	_____
_____	_____	() _____	() _____	_____

11. Person to notify in case of emergency: _____

Address _____

home # _____ Relationship _____

12. Have you ever been evicted? ___ Yes ___ No Why and when? _____

13. Have you or any other person named on the application as intending to lease this space ever been convicted for using, dealing or manufacturing illegal drugs? ___ Yes ___ No

14. Criminal History Information: _____

15. How did you hear about us? _____

I/WE CERTIFY THAT I/WE ARE NOT LEASING SPACE UNDER ANY OTHER NAME AND HAVE NOT USED ANY OTHER SOCIAL SECURITY NUMBER OTHER THAN THAT WHICH HAS BEEN LISTED ABOVE. I/WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY/OUR QUALIFICATIONS FOR TENANCY. I/WE AUTHORIZE THE OWNER/MANAGEMENT TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION AND TO CONTACT PREVIOUS OR CURRENT LANDLORDS OR OTHER SOURCES FOR CREDIT AND VERIFICATION INFORMATION WHICH MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, OR LOCAL AGENCIES. I/WE CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT ANY OMISSION, MISREPRESENTATION OR FALSE INFORMATION WILL BE CAUSE FOR REJECTION.

Applicant Signature

Date

Co-Applicant Signature

Date