

COMMERCIAL LEASE APPLICATION

LURIE PROPERTIES CORPORATE OFFICE
 13055 Park Blvd Seminole FL 33776-3851
 P.O. Box 3335 Seminole, FL 33775-3335
 (727) 393-3441 OFFICE - (727) 397-6967 FAX

Submitted to:

OAKHURST MANAGEMENT CORP	
<input type="checkbox"/>	DBA SUNCOAST WORKSHOP WAREHOUSE CENTER
<input type="checkbox"/>	DBA PINELLAS WORKSHOP CENTER
<input type="checkbox"/>	DBA MID COUNTY SHOWROOMS & WORKSHOPS

<input type="checkbox"/>	FLORIDA WORKSHOP WAREHOUSES, INC
<input type="checkbox"/>	PORTOBELLO SQUARE SHOPPING CENTER, LLC
<input type="checkbox"/>	OAKHURST SUBURBAN CENTER, LLC

*Fields outlined in red are required

Company Legal Name:						DATE OF APPLICATION	
DBA:							
BUSINESS ADDRESS		CITY	STATE	ZIP	YRS. IN BUSINESS	STATE IN WHICH COMPANY IS REGISTERED	
BUSINESS PHONE		ALT. PHONE		BUSINESS FAX			
BUSINESS EMAIL ADDRESS				COMPANY WEBSITE		EIN#	
CURRENT LANDLORD NAME & NUMBER		ADDRESS	CITY	STATE	ZIP	HOW MANY YEARS?	FROM (DATE)
BUSINESS PREVIOUS LANDLORD NAME & NUMBER IF ABOVE IS LESS THAN 2 YRS PREVIOUS LANDLORD ADDRESS				HOW MANY YEARS?			TO (DATE)
OWNER OF BUSINESS NAME				PARTNER, SPOUSE, CO-APPLICANT NAME			
CORPORATE TITLE				PARTNER, SPOUSE, CO-APPLICANT CORPORATE TITLE			
HOME ADDRESS		CITY	STATE	ZIP	PARTNER, SPOUSE, CO-APPLICANT ADDRESS		
OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	MORTGAGE HOLDER/LANDLORD NAME		HOW LONG AT THIS ADDRESS?		OWN <input type="checkbox"/>	RENT <input type="checkbox"/>
MORTGAGE HOLDER/LANDLORD ADDRESS		CITY	STATE	ZIP	MORTGAGE HOLDER/LANDLORD PHONE		MORTGAGE HOLDER/LANDLORD PHONE
APPLICANT Email Address				CO-APPLICANT Email Address			
MOBILE PHONE		SOCIAL SECURITY NUMBER		DATE OF BIRTH		MOBILE PHONE	
BANK REFERENCES							
BANK NAME		BANK ADDRESS		CONTACT NAME		CONTACT PHONE NUMBER	
BANK NAME		BANK ADDRESS		CONTACT NAME		CONTACT PHONE NUMBER	
TRADE OR CREDIT REFERENCES							
NAME		ADDRESS		CONTACT NAME		CONTACT PHONE NUMBER	
NAME		ADDRESS		CONTACT NAME		CONTACT PHONE NUMBER	
NAME		ADDRESS		CONTACT NAME		CONTACT PHONE NUMBER	
NAME		ADDRESS		CONTACT NAME		CONTACT PHONE NUMBER	
FOR OFFICE USE ONLY							
PROPOSED USE:					Special Instructions:		
PREMISES ADDRESS:				UNIT NO.			
MOVE-IN DATE:			LEASE TERM:				

CORRECT INFORMATION—the applicant represents that all of the above statements are true and complete. Applicant hereby authorizes verification of the above information, references, and credit records, and releases from all liability or responsibility all persons and corporations requesting or supplying such information. Applicant acknowledges that false, incomplete or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of this state. ***I(We) agree and authorize to continuing background checks with authorization to follow-up. I(We) agree a NON-REFUNDABLE application and processing fee in the amount of \$50.00 for single, \$75 for double applicants must accompany this application. If my application is approved, upon signing of the lease, the paid processing/application fee will be credited to the balance of the first month's rent.***

Applicant _____

Printed Name (Applicant) _____

Date Signed _____

Co-Applicant _____

Printed Name (Co-Applicant) _____

Date Signed _____

PERSONAL FINANCIAL STATEMENT AS OF

Date: _____

*Fields outlined in red are required

PERSONAL INFORMATION							
APPLICANT (NAME)				CO-APPLICANT NAME			
EMPLOYER OR BUSINESS				EMPLOYER OR BUSINESS			
EMPLOYER OR BUSINESS ADDRESS		CITY	STATE	ZIP	EMPLOYER OR BUSINESS ADDRESS		
BUSINESS PHONE NO.	TITLE/ POSITION		No. of Years	BUSINESS PHONE NO.	TITLE/ POSITION		No. of Years
NAME OF PREVIOUS EMPLOYER (If with current employer less than 3 yrs.)			No. of Years	NAME OF PREVIOUS EMPLOYER (If with current employer less than 3 yrs.)			No. of Years

Cash Income & Expenditures Statement For The Year Ending: 20 _____ (Omit Cents)

ANNUAL INCOME	AMOUNT	ANNUAL EXPENDITURES	AMOUNT
Salary (Applicant)		Federal Income and Other Taxes	
Salary (Co-Applicant)		Rental Payments, Co-Op, or Condo Maintenance	
Bonuses & Commissions (Applicant)		Mortgage Payments Residential / Investments	
Bonuses & Commissions (Co-Applicant)		Property Taxes Residential/ Investments	
Rental Income		Interest & Principal Payments on Loans	
Interest Income		Insurance	
Dividend Income		Investments (including tax shelters)	
Partnership Income		Other living Expenses	
Other Investment Income		Medical Expenses	
Cash On Hand & Banks		Other Expense (List)	
Other Income (List)			
TOTAL INCOME >		TOTAL EXPENDITURES >	

Any significant changes expected in the next 12 months? Yes No (If yes, attach information.)

For the purpose of procuring and maintaining credit from time to time, with regard to commercial rental space, the undersigned submits the following as being a true, accurate and complete statement of its financial condition.

Customer Signature (Applicant)

Customer Signature (Co-Applicant)

Printed Name (Applicant)

Printed Name (Co-Applicant)

Date Signed

Date Signed