## Commercial Tenant Contact/ Lease Information

Today's Date:	
Rental Location:	
Company's Legal Name:	
Owner's Name:	
Home/Mailing Address:	
City, State, Zip:	
Company Phone#:	
Cell Phone#:	
-Mail:	
n case of Emergency Contact:	
hone#-	

## PSN Properties Inc.

## RENTAL APPLICATION

Rental Property Inform	<u>ation</u> ,
Rental Property Address:	
Application to rent suite	<b>#:</b>
Anticipated Possession D	ate:,
The term of the tenancy v	vill be:
The monthly rent will be	\$
Initial Security Deposit: \$	
Applicants' Personal In	<u>formation</u>
Applicant's Name:	
	Alternative Phone: ()
Email Address (Optional)	): Date of Birth:
	nse Number:ty Number:
Name(s) of Occupants(s)	
3,000 5.30	
Residential History	
Present Address:	
	State:
	How long at this address?
Landlord / Lessor:	Phone: ()
Previous Address 1:	
	State:
	How long at this address?

Landlord / Lessor:	Phone: ()
<b>Details of Employment</b>	
Employer:	
Position:	Date Hired:
Supervisor's Name:	Phone: ()
Salary:	<del>-</del>
are a lateral de la companyada	tlavar alasas annida mandana amplana
	present employer, please provide previous employer.)
	Data Hirada
	Date Hired:
	Phone: ()
Salary:	_
Vehicle Information	
	Year:
	Driver's License Number:
	Year:
License Plate Number:	Driver's License Number:
References	
Name:	Phone: ()
	Phone: ()
Emergency Contact	
Name:	Dhana (
Relationship:	Phone: ()
Criminal Background Check Author	orization
	y find in our criminal background check that you want to comment
on?	,

Additional Information:	
Applicant is aware that the Deposit	is not refundable if the tenant breaks the lease terms.
- CANA	######################################
***************************************	
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******	
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<del></del>	
I declare that the information I have provi	ided is accurate. I authorize the individual or organization to
whom this application is submitted to: (a)	contact my references and all other persons that I have named in
- ••	•
this application; and (b) perform a credit a	and/or criminal check to assess my suitability as a tenant/lessee.
Applicant's Signature	
. ippriouit o organicato	Date