

## Lease Application

Landlord: \_\_\_\_\_ Date of Application: \_\_\_\_\_ Unit #: \_\_\_\_\_

Business Name: \_\_\_\_\_ Years of operation: \_\_\_\_\_  
 Current Business Plan:  Yes  No  
 Have you applied with us before:  Yes  No  
 Name of persons who will sign lease:  
 Person 1: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ SS# \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Person 2: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ SS# \_\_\_\_\_  
 Is your business:  corporation,  LLC or other entity \_\_\_\_\_  
 Federal Tax ID Number: \_\_\_\_\_ Which State is the entity formed? \_\_\_\_\_  
 Names of Person(s) who will Guarantee Lease:  
     Person 1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
     Contact information: \_\_\_\_\_  
     Person 2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
     Contact information: \_\_\_\_\_  
 Proposed use of Premises? \_\_\_\_\_  
 Other Business Locations: \_\_\_\_\_  
 \_\_\_\_\_  
 1. Credit/Bank Reference: \_\_\_\_\_ Contact: \_\_\_\_\_  
     Address: \_\_\_\_\_  
     City / State / Zip: \_\_\_\_\_  
     Phone: \_\_\_\_\_  
 2. Business Reference: \_\_\_\_\_ Contact: \_\_\_\_\_  
     Address: \_\_\_\_\_  
     City / State / Zip: \_\_\_\_\_  
     Phone: \_\_\_\_\_  
 3. Business Reference: \_\_\_\_\_ Contact: \_\_\_\_\_  
     Address: \_\_\_\_\_  
     City / State / Zip: \_\_\_\_\_  
     Phone: \_\_\_\_\_

**Conditions and Information**

All persons who will sign the lease application must sign lease agreement.

The completing of this application by the Tenant and the acceptance of this application by the Landlord creates no obligation of Landlord to approve the application.

This application will be approved or rejected usually within ten (10) business days of being received by the Landlord. However, there is no obligation of the Landlord to notify tenant unless the application is approved.

If this application is approved, Tenant must make the security deposit and sign the lease before tenancy begins.

This application may be returned via fax / post mail / e-mail to:

**Kegonsa Management**  
 P.O. Box 312  
 Oregon, WI 53575  
 Phone: (608) 279-0081  
 Fax: (888) 493-0708  
 Noli@adiliuniversal.com

<b>For Landlord's Use Only</b>	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Denied
Date: _____	
Reason: _____	
Base Rent Amount: _____	
Deposit: _____	3/net: _____
Date Lease to Begin: _____	
End of Lease: _____	

Additional Comments: \_\_\_\_\_

By your signature herein, you agree that the information disclosed by you is true, complete and accurate to the best of your knowledge, and you agree that the information disclosed by you herein is material to the potential Landlord's decision with respect to granting or denying your application to enter into a lease. In addition, I/ We, the undersigned applicant(s), authorize landlord or agent to order and review my / our credit and criminal history and investigate the accuracy of the information contained in the application. I / We further authorize all banks, employers, creditors, references and any and all other persons to provide to Landlord and all information concerning my / our credit. Please submit a Financial Statement along with this document.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_