

**UNIVERSAL MANAGEMENT INC.
2420 E. Linwood Blvd.
Suite 109
Kansas City, MO 64109
(816) 861-2982, ext. 243 ♦ (816) 861-3175 fax**

COMMERICAL LEASE APPLICATION

PLEASE PROVIDE THE FOLLOWING:

TAX I.D. INFORMATION

RELEVANT ORGANIZATIONAL DOCUMENTATION

BUSINESS PLAN (if Start up Business)

PERSONAL AND/OR CORPORATE FINANCIAL STATEMENTS (min 2 years)

COMPANY TAX RETURNS (when certified statements are unavailable)

START UP BUSINESSES MUST PROVIDE PESONAL ASSET INFORMATION AND A PERSONAL GUARANTY.

ALL OTHER TYPES OF BUSINESSES MAY BE SUBJECT TO THE SAME REQUIREMENT.

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LEASE APPLICATION

Applicant Name: _____ D/B/A _____

Address: _____ SSN: _____

City/State/Zip: _____ Phone Number: (____) _____

Intended Use of Space: Office () Retail () Warehouse () Other Commercial () _____

Type of Business: _____ Number of Employees: _____

Organizational Structure: Please Check One

- | | | |
|--|---|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Not-for-profit | <input type="checkbox"/> Other |

LEASE INFORMATION

Requested Location: _____ Requested Occupancy Date: _____

Requested Lease Term: _____ Desired Sq. Ft. _____

Lease Rate Desired: Base Rent \$ _____ psf or \$ _____ per month

Operating Expense Rate Quoted \$ _____ (OFFICIAL USE ONLY)

State any special requests for leasehold improvements: _____

What would be your intended hours of operation: _____

For a non-credit tenant, would you and/or your Partners be willing to sign a personal guarantee for lease payments: Yes _____ No _____

CREDIT REFERENCES

Current Locations or Landlord – If more locations, please attach

Name: _____ Phone Number () _____

Address: _____ Contact Person _____

Previous Landlord or Locations

Name: _____ Phone Number () _____

Address: _____ Contact Person _____

Name: _____ Phone Number () _____

Address: _____ Contact Person _____

Bank Reference: (If more than one, please attach a sheet)

Checking Account # _____ Savings Account # _____

Name: _____ Phone Number () _____

Address: _____ Contact Person _____

CREDIT REFERENCES:

Company Name/Address	Phone Number	Account Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

IF THERE ARE MULTIPLE OWNERS, PLEASE LIST BELOW WITH TITLE:

Applicant Name: _____ D/B/A _____

Address: _____ SSN: _____

City/State/Zip: _____ Phone Number: (____) _____

Position in Company: (Owner, President, Vice President, Joint Owner, Managing Partner etc.)

Applicant Name: _____ D/B/A _____

Address: _____ SSN: _____

City/State/Zip: _____ Phone Number: (____) _____

Position in Company: (Owner, President, Vice President, Joint Owner, etc.)

Applicant Name: _____ D/B/A _____

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DO NOT WRITE BELOW THIS LINE. UMI OFFICE USE ONLY

Application Process:

Date of Application: _____

Date Processed: _____

Date Approved: _____

Date Rejected: _____

Authorized by: _____

Lease Execution date: _____

Actual occupancy date: _____