

COMMONWEALTH ECONOMIC DEVELOPMENT AUTHORITY
COMMERCIAL RENTAL APPLICATIONS

UNIT NO: _____ **RENT AMOUNT:** _____ **COMMON AREA FEE:** _____
(Please do not write above portion, for CEDA Official only)

Business Name: _____ Tax ID No.: _____
DBA (If Different): _____ Years in Business: _____
Type of Business: _____ Number of Employees: _____
Business Address: _____
Business Phone: _____ Email Address: _____

Applicant 1: _____ Contact #: _____
Home Address: _____ Email: _____

Applicant 2: _____ Contact #: _____
Home Address: _____ Email: _____

Current Landlord: _____ Contact #: _____
Lease Term: _____ Monthly Rent: _____

Bank Reference: _____ Checking: _____

Comments: _____

I (we) agree to lease the above property, if approved, under the normal terms used or agreed to for this property and will sign the lease when presented for signature. I (we) also agree that the information provided is correct to the best of our knowledge.

If this application is approved and applicant(s) does not enter into the lease agreement, any deposit paid by applicant(s) may be forfeited. The deposit must be received within twenty-four (24) hours after approval of the application or the unit will be returned to the rental market. Any application fee is non-refundable.

You will be required to carry insurance to cover your business operations and the personal property, failure to do so could result in the termination of lease. Proof of coverage may be required.

Applicant 1 Signature: _____ Date: _____

Applicant 2 Signature: _____ Date: _____

FOR CEDA OFFICIAL ONLY:

APPROVED: _____ DISAPPROVED: _____