

Commercial Lease Application

Please provide all of the information requested below. Incomplete information can delay the processing of your application. PLEASE PRINT CLEARLY.

Property: RedFord Marketplace

Unit #: _____ Date: _____

Address: 21427 Grand River Ave

City: Detroit State: MI 4821 Zip: 48219

Applicant of Leasing Entity (Name of individual, LLC, or corporation):

Please check one: Corporation LLC Individual:

Intended Use:

Current Business Information

Name of Business:

Present Address:

City:	State:	ZIP Code:
DBA:	Year Established:	Type of Business:
Phone:	Fax:	E-Mail:

Current information for the individual signing Lease

Name First: _____ Middle: _____ Last: _____

Home Address:

City:	State:	ZIP Code:
Date of Birth:	SS #:	Driver's License #:
Home Phone:	E-mail:	

Commercial Rental History

Present Address:

City:	State:	ZIP Code:
Own <input type="checkbox"/> Rent <input type="checkbox"/> (Please check one)	Monthly payment or rent:	How long?

Reason for Leaving:

Landlord Name / Mortgage Co:

Landlord Phone: _____ Landlord Fax: _____

Landlord E-Mail:

Banking Reference

Name of Bank:

Address:

City:	State:	ZIP Code:
Contact Name:	E-mail:	

Phone: _____ Fax: _____

Emergency Contact

Name of a person not residing with you:

Address:

City:	State:	ZIP Code:	Phone:
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Relationship:

Additional Information

Have you ever been evicted from any rental property? Yes No (Please check one)

Lease Start Date: _____ Term of the Lease: _____

Comments:

Authorization for Release of Information

I have read this application and certify that the information in this application is complete and accurate. I also agree that this application will become part of the Lease Agreement entered into with K2Capital Partners I LLC. I authorize K2Capital Partners I LLC. to obtain all such information as may be required concerning all of the statements made in this application. In addition, I am authorizing by signing above, the release of information to obtain and verify my employment, criminal, credit history, rental and residence history. I further authorize landlord, its agents and/or attorneys to obtain credit reports and information any time during and after my tenancy, in the event of a breach of any lease or term of tenancy. I hereby release all sources, their officers, agents and employees from liability of any nature, whether caused by negligence or otherwise, which may result from the answering of questions concerning my past record.

Signature:

By (Printed Name): _____ Date: _____

Signature:

By (Printed Name): _____ Date: _____

Smoke-Free Complex. Tenant agrees and acknowledges that the premises to be occupied by Tenant and employees has been designated as a smoke-free environment. Tenant and employees shall not smoke anywhere in the unit rented by Tenant, or the building where the Tenant's premises is located or in any of the common areas.

K2CAPITAL PARTNERS I LLC

C/O Farbman 28400 Northwestern Hwy. 4th Floor Southfield, MI 48034

Phone: 248-351-6332 | Jermaine Johnston, Property Manager Email: Johnston@Farbman.com