



**First National Real Estate**

4701 Patrick Henry Drive Bldg 23 Santa Clara Ca 95054  
 408-284-0112 Direct 408- 351-9000 Fax  
[www.fnrepm.com](http://www.fnrepm.com)

**Commercial Application:**

**Application Fee :**

Application Fee for the cost of processing this application, to obtain credit history and other background information

**Move In Date :** \_\_\_\_\_

Applicant Initial \_\_\_\_\_

**Personal Information:**

<b>Last Name:</b>	<b>Middle Name:</b>	<b>First Name:</b>
<b>Date Of Birth:</b>	<b>Driver's License :</b>	<b>SS#: Leave Blank/ Will Call</b>
<b>Home/Work Phone:</b>	<b>Mobile Phone:</b>	<b>Email :</b>
<b>Current Address:</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Previous Address:</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>

**Employment Information :**

<b>Business Name:</b>	<b>EIN: # Leave Blank/ Will Call</b>	
<b>Type of Business:</b>	<b>Current Position:</b>	
<b>Current Business Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Property Manager:</b>		<b>Contact No:</b>
<b>Email :</b>	<b>Length of Stay - From :</b>	<b>To:</b>
<b>Business Monthly Income:</b>		

**Business Information:**

<b>Name of the Company that will be occupying the office?</b>
<b>Is there a Secondary Business Name? Yes   No</b> If Yes, Please provide Secondary Business Name
<b>What is the nature of the Business occupying the office?</b> please note: Office use will be restricted to only one use type.
<b>Do you plan to store a passenger vehicle or service vehicles overnight in the parking lot?</b>
<b>Do you plan to receive, store or ship hazardous materials at this address? Yes   No</b> If Yes, please explain:
<b>Will you be shipping any products from the address? Yes   No</b> If Yes, please explain:
<b>Will this be a retail business? Yes   No</b>
<b>Will this office be used as a medical marijuana dispensary? Yes   No</b>

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Applicant Initial \_\_\_\_\_

**Emergency Contact Person not residing with you:**

<b>Last Name:</b>	<b>Middle Name:</b>	<b>First Name:</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Relationship:</b>	<b>Contact No:</b>	

**Additional Occupants:**

How many people will be working in your office ?

	Last Name	Middle Name	First Name	Position
1				
2				
3				

**Personal References:**

	Name	Address/City	Phone	Relationship
1				
2				

**Vehicles**

Automobiles	Make	Model	Color	Year	License No

**General Information : Check answer that applies**

		Yes	No
1	Do you smoke ?		
2	Have you ever filed for bankruptcy ?		
3	Have you been convicted for selling, possessing, distributing Manufacturing illegal drugs or convicted of any crime?		
4	Have you ever been evicted for non-payment of rent or any other Reason ?		

If item 4 above is Yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

The applicant hereby applies to rent/lease at: \_\_\_\_\_  
 for \$ \_\_\_\_\_ per month and upon owner's approval agrees to Rental Agreement and/or Lease and pay all rent and security deposits required before occupancy.

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Applicant represents that all information given on this application is true and correct. Applicant hereby authorizes verification of all references and facts, including but not limited to current and previous landlords and employers and personal references. Applicant hereby authorizes owner/agent to obtain Unlawful Detainer, Credit Reports, Telechecks and or criminal background reports. Applicant agrees to furnish additional credit and/or personal references upon request. Applicant understands that incomplete or incorrect information provided in the application may cause a delay in the processing which may result in denial of tenancy. In the event that a material misstatement or misrepresentation is discovered after Applicant is accepted as a Resident, and whether or not a Lease or Month to Month Rental Agreement is executed, Owner may , at Owner’s sole discretion, deem such misstatement or misrepresentation to be a material and non curable breach of any subsequent Lease or Month to Month Rental Agreement and grounds for rescission of the contract and immediate eviction. Applicant hereby waives and claim and releases from liability and person providing and obtaining said verification or additional information.

Applicant Signature \_\_\_\_\_  
(REQUIRED)

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

Please submit the application together with a copy of your Driver’s License either by :

1. Fax - 408- 351-9000
2. Email - mike@mikecc.com