



**INDIAN CENTER INC.
COMMERCIAL LEASE APPLICATION**

Application Date:			
LANDLORD			
Landlord/Lessor: INDIAN CENTER INC.		Property Address: 1100 Military Road	
City: Lincoln	State: Nebraska	Zip: 68508	
BUSINESS			
Business Name/Leasee:		Principal Office Address:	
City:	State:	Zip:	
Phone Number:	Email Address:		
Type of Entity: <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> - Other: _____			
State of Incorporation:		Federal Tax ID Number (FEIN):	
Business Type:			
TENANT			
Owner/Principal:		Title: <input type="checkbox"/> President <input type="checkbox"/> CEO <input type="checkbox"/> Vice President <input type="checkbox"/> - Other	
Owner Percentage %:		Social Security Number (SSN):	
Driver's License Number:	State:	Issued Date:	Expiration Date:
2nd Owner Principal:		Title: <input type="checkbox"/> President <input type="checkbox"/> CEO <input type="checkbox"/> Vice President <input type="checkbox"/> - Other	
Owner Percentage %:		Social Security Number (SSN):	
Driver's License Number:	State:	Issued Date:	Expiration Date:
LEASE GUARANTOR			
Name:			
Address:		Phone:	
City / State:		Email:	
Relationship to Lessee:			
FINANCIAL STATUS			
Please attach a most recent financial statement (balance sheet, income statement) or income tax return with your application for consideration.			

RENTAL HISTORY

Present Address:		Rent: \$ _____/month <input type="checkbox"/> - Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/>
If Renting, Name of Landlord:	Phone:	Previous Address:
Present Address:		Rent: \$ _____/month <input type="checkbox"/> - Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/>
If Renting, Name of Landlord:	Phone:	Previous Address:
Present Address:		Rent: \$ _____/month <input type="checkbox"/> - Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/>
If Renting, Name of Landlord:	Phone:	Previous Address:

BANKING REFERENCES

1st Account Bank Name:	Phone:
Bank Address:	Account Number: _____ Type <input type="checkbox"/> - Checking <input type="checkbox"/> - Savings
2nd Account Bank Name:	Phone:
Bank Address:	Account Number: _____ Type <input type="checkbox"/> - Checking <input type="checkbox"/> - Savings

CONSENT

I/We, _____, the undersigned applicant(s) authorize the Landlord, _____, or his/her/their 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, credit card companies, references, and any and all other persons to provide to Landlord any and all information concerning my/our credit.

Tenant Signature _____ Date _____

Tenant Signature _____ Date _____