1254 S. John Young Parkway Kissimmee Fl 34741

"The Property Management Specialists", Since 1981

PH: 407-847-8077

Sunray Management Group, LLC

Licensed Real Estate Broker Thomas E. Chalifoux, Jr.

COMMERCIAL APPLICATION TO LEASE

Address of property for lease:	Date:				
PERSONAL INFORMATION - OFFICER / OWNER / APPLICANT: Name: Title:					
Address:	City	StateZip			
Home Phone:C	Cell Phone:				
SSN #:					
Drivers License #:	State of	sue:			
Number Years at Current Address:	Emai	l Address			
Facebook Name:	Business Website:				
Preferred Method of contact: Phone	Cell Phone Email	Text Mail			
Mortgagee / Landlord (Name & Address)					
Military – Are you currently in the U.S. Armed Forces? Yes No					
Spouse's Name:	Cell Phone #:	DL:			
Place of Employment:					
Work Phone Number:	Work email address:	<u></u>			
Emergency Contact:	Phone #				
Email address:	Relation: _				
BUSINESS INFORMATION: (Operating As)					
Business Name:	7				
Current Address:					
Telephone:Fax N	Number:	Date Incorporated:			
Federal ID Number:					
Landlord's Name & Address:					
Email Address:					
Use of Premises to be leased:					

FINANCIAL INFORMATION:				
Bank: Checking Acct. #:				
Address:				
Telephone No:Bank Officer:				
REFERENCES: Please supply at least THREE (3) current/active business references, including account number and contact person. Company Account # Contact Phone #				
Consent to Background and Reference: I authorize Sunray Management Group to obtain information about me from my credit sources, current and previous landlords, employers, and personal references, to enable Sunray Management Group to evaluate my rental application. I authorize my credit sources, credit bureaus current and previous landlords and employers and personal references to disclose to Sunray Management Group information about me that is relevant to Sunray Management Group's decision regarding my application and tenancy. This permission will survive the expiration of my tenancy, when assessed for a legitimate business purpose related to my tenancyInitials AgreeInitialsDisagree				
Authorized Signatures: I understand that upon placing a deposit to secure a unit, the deposit is non-refundable due to non-				
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I understand that upon placing a deposit to secure a unit, the deposit is <u>non-refundable</u> due to non- performance on Lessee's / Applicant's behalf.				
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For	Office	Use	Only

Initials/Date	Application Verification	Person Contacted	Remarks
	Present Landlord		
	Spouse's Employment		
	Bank		
	References		
	Driver's License/ID		
	Credit Bureau		
	County Records		
	Other		

This application :	☐ Is Approved	■ Not Approved
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^{**} All Sections Must Be Completed to Process Application **