



**Professional Property Management**

**Consolidated Management**

3109 H Street, Eureka, CA 95503

Ph. (707) 444-3835 : fax (707) 441-0985

**COMMERCIAL APPLICATION**

Please fill out completely by typing or printing in ink.

**Application to rent property at** \_\_\_\_\_

**Business Name** \_\_\_\_\_ **Type of business** \_\_\_\_\_

Type of Ownership : Sole Proprietor  Corporation  Partnership  LLC

Tax ID# \_\_\_\_\_ Office phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Current address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Own Rent Landlord name & Ph. \_\_\_\_\_

How long at current address \_\_\_\_\_

e-mail : \_\_\_\_\_ Website: \_\_\_\_\_

President /Owner \_\_\_\_\_ CFO (if applicable) \_\_\_\_\_

**Name of Principals and Titles**

Name \_\_\_\_\_ Title \_\_\_\_\_

Social Security No. \_\_\_ - \_\_\_ - \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Social Security No. \_\_\_ - \_\_\_ - \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Emergency contact \_\_\_\_\_ Ph. \_\_\_\_\_ Relationship \_\_\_\_\_

**Trade References**

Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact Person \_\_\_\_\_

Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact Person \_\_\_\_\_

Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact Person \_\_\_\_\_

Bank \_\_\_\_\_ Type of Account \_\_\_\_\_ Acct Numb. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Have you ever been a party of an unlawful detainer action or filed bankruptcy within the last seven years?  No  Yes if so, please explain \_\_\_\_\_

Have you ever been served a thirty day or a three day notice to pay rent or quit?  No  Yes if so, please explain \_\_\_\_\_

The undersigned applicant and principal(s) warrant that the above information is accurate and authorizes Professional & Consolidated Property Management Company to verify the above information including obtaining a credit report(s). It is understood that this application becomes the property of Professional & Consolidated Property Management Company once it is turned in and will not be returned to applicant.

Date \_\_\_\_\_ Applicant \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_