

Arin Realty Co., Inc.
17 Lincoln Street
P.O. Box 610227
Newton Highlands, MA 02461
Phone: 617/332-8886 / Fax: 617/332-0952
Email: info@arinrealty.com

Commercial Rental Application

_____ Location of Leased Premises		_____ Phone Number		_____ Alternate Phone Number	
_____ Name of Applicant		_____ Social Security Number		_____ Date of Birth	
_____ Present Address		_____ City	_____ State	_____ Zip Code	From: _____ To: _____ Date of Occupancy
_____ Current Employer	_____ Salary	_____ Length of Employment	_____ Proposed use of premises		_____ Email Address
_____ Present Landlord or own home		_____ If owned – name of bank holding mortgage and names of Recorded Owners			
_____ Banking Reference (checking / savings)	_____ Street Address	_____ City	_____ State	_____ Zip Code	_____ Phone Number
_____ Credit Reference	_____ Street Address	_____ City	_____ State	_____ Zip Code	_____ Phone Number
_____ Emergency Contact Name	_____ Street Address	_____ City	_____ State	_____ Zip Code	_____ Phone Number
_____ Co-Tenant Name (if applicable)	_____ Street Address	_____ City	_____ State	_____ Zip Code	_____ Phone Number

By your signature hereon, you agree that the information disclosed by you herein is true, complete and accurate to the best of your knowledge, and you agree that the information disclosed by you herein is material to the potential Lessor's decision with respect to granting or denying your application to enter into a lease. False information will incur a \$100.00 penalty charge.

This application will be approved or rejected usually within five business (5) days of being submitted to Landlord. However, there is no obligation of Landlord to notify tenant unless the application is approved.

Signature: _____ Date: _____

Base Rent per Month \$ _____
(subject to escalation as set forth in lease)
Other monthly Charges \$ _____
(e.g. parking, etc.)
Security Deposit \$ _____
Deposit on Account \$ _____
Balance Due _____
Upon Acceptance \$ _____

Consent to Credit Check

I, _____, the undersigned applicant authorize landlord, _____, or his/her/their agent to review my credit and criminal history and investigate the accuracy of the information contained in this application. I 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 credit.

Signature

Date