



CUSTOMER ID: #7137

**Griffith Properties LLP Phone (952) 955-1176 email: grifprop@gmail.com**  
**APPLICATION FOR COMMERCIAL RENTAL OCCUPANCY**

This application must be filled out completely. Driver's License or ID required to complete application.

BUILDING ADDRESS: \_\_\_\_\_ UNIT # \_\_\_\_\_

PREFERRED MOVE IN DATE: \_\_\_\_\_

BUSINESS NAME	FEDERAL TAX ID#
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MAIN PHONE	EMAIL
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BUSINESS DESCRIPTION	DATE BUSINESS STARTED
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PRESENT ADDRESS	CITY	STATE	ZIP
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UNIT #	FROM	TO	RENT \$	LANDLORD/PROPERTY NAME	PHONE NUMBER
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DO YOU HAVE A SEPARATE CORPORATE OFFICE? YES / NO	CORPORATE ADDRESS
DO YOU WANT STATEMENTS SENT THERE? YES / NO	

COMPANY OWNER/OFFICER NAME	PHONE #
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HOME ADDRESS	CITY	STATE	ZIP CODE
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EMAIL ADDRESS	POSITION	DATE HIRED
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SOCIAL SECURITY NUMBER	DATE OF BIRTH
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Company Owner or Officer must guarantee the lease. A credit, criminal and rental background check is required. The following question is required for the background check:

Do you have a legal right to be in the United States?

- Yes, I am a US Citizen.
- Yes, I have valid documentation from the U.S. Dept. of Immigration and Naturalization (INS) that allows me to be in the country.
- No

I authorize Multihousing Credit Control whose address is 10125 Crosstown Circle, Suite #100, Eden Prairie, MN 55344 to investigate my criminal history, residential, employment and income history, bank and credit history for the purpose of housing and/or employment. The source of the information may come from, but is not limited to: credit bureaus; banks and other depository institutions; current and former employers; federal or state records including State Employment Security Agency records; county or state criminal records as follows, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I understand failure to complete this form completely and truthfully may result in denial and/or forfeiture of deposit. This authorization is for this transaction only and continues in effect for one (1) year unless by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.

Signature _____	Date _____
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