



**BUSINESS APPLICATION FOR LEASING**

Property Located at: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
\_\_\_ Corporate \_\_\_ Partnership \_\_\_ Individual \_\_\_ Other: \_\_\_\_\_  
Present/Former Business Address: \_\_\_\_\_  
How Long at This Address: \_\_\_\_\_ Business Federal Tax ID#: \_\_\_\_\_

**Primary Owner/Principal:** \_\_\_\_\_  
Present/Former Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_

**Secondary Owner/Principal:** \_\_\_\_\_  
Present/Former Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_

**References:**  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Closest Next of Kin Not Living With You:**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

I certify that all the information provided above is true and correct to the best of my knowledge. I hereby authorize Helix Property Management, LLC. to contact the references listed above in order to verify the information provided above and/or obtain all pertinent information including, but not limited to, banking and financial and/or credit information Helix Property Management, LLC. may require regarding my business. I further authorize the release of any such information to Helix Property Management, LLC. I hereby release Helix Property Management, LLC, its officers, agents and employees from any and all liability, loss, or damage that may result from furnishing the same to them.

Please attach a copy of current driver's license for the parties listed above.  
If available, please attach a current copy of liability insurance.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_