



**The Broker Company**  
 109 N. Oregon Street Suite 1200, El Paso, Texas 79901  
 Office: (915) 545-2797 | Fax: (915) 351-9440  
 www.thebrokercompany.com

## Tenant Application

Date:		Property:		Unit #:	
Lease Term:		Move-In Date:	Tour Date:	SQFT:	

### BUSINESS INFORMATION

Assumed Registered Business Name:		Tax Payer Identification # (TIN):	
Current Registered Business Address:			
Registered Owner(s):			
Business #:		Emergency Contact #:	
Mobile #:		Email Address:	
Use of Property:		Usual Hours of Operation:	
Billing Mailing Address:			
Notification Mailing Address:			
Authorized Representative:		Title:	Access (Yes/No):
Contact #:		Email:	
Authorized Representative:		Title:	Access (Yes/No):
Contact #:		Email:	
Authorized Representative:		Title:	Access (Yes/No):
Contact #:		Email:	
Name to Appear on Tenant Directory:			

### PERSONAL INFORMATION

#### 1<sup>st</sup> Applicant

First, Middle & Last Name:			
Driver's License & State:		SSN #:	
Bank :		Account #:	
Home Address:			
City, State, & Zip-Code:			
Current Home #:		Cellular #:	



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## Tenant Application

PERSONAL INFORMATION					
<b>2<sup>nd</sup> Applicant</b>					
First, Middle & Last Name:					
Driver's License & State:		SSN #:			
Bank :		Account #:			
Home Address:					
City, State, & Zip-Code:					
Current Home #:		Cellular #:			
ADDITIONAL INFORMATION					
APPLICANT			2 <sup>nd</sup> Applicant		
Employer/Company:			Employer/Company:		
Company Address:			Company Address:		
Number of years employed & Salary:			Number of years employed & Salary:		
					\$
Work Number:			Work Number:		
Applicant's Vehicle (Year, Make, Model):			2 <sup>nd</sup> Applicant's Vehicle (Year, Make, Model):		
EMERGENCY CONTACT* Must Have					
Name:				Relationship:	
Home #:		Work #:		Cellular #:	
Address:					
TRADE REFERENCES					
Name:				Relationship:	
Company:				Company Title:	
Co. Phone #:				Alternate #:	



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## Tenant Application

<b>Name:</b>		<b>Relationship:</b>	
<b>Company:</b>		<b>Company Title:</b>	
<b>Co. Phone #:</b>		<b>Alternate #:</b>	

<b>Name:</b>		<b>Relationship:</b>	
<b>Company:</b>		<b>Company Title:</b>	
<b>Co. Phone #:</b>		<b>Alternate #:</b>	

As a good faith, client has paid via (circle): Check / Money Order / Cashier's Check to hold said unit: \$9,045.87

**Applicant agrees to the following that should be received prior to or at lease signing, on said unit.**

Security Deposit: \$ \_\_\_\_\_ Date: \_\_\_\_\_

First Months Rent: \$ \_\_\_\_\_ Date: \_\_\_\_\_

The above information is represented to be true and correct and is provided to The Broker Company in order for applicant to rent said unit. The Broker Company is hereby authorized to contact and make appropriate inquiry from the available sources, references and banks listed below. It is understood that any information provided or obtained as a result of this Credit Application will be kept confidential and will be used only to evaluate the Applicant's credit. The applicant agrees to pay and all rents according to the terms as listed in the rental contract.

APPLICANT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

LEASING AGENT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

### APPROVAL STATUS – AUTHORIZED MANAGEMENT ONLY

APPROVED: \_\_\_\_\_ NOT APPROVED\*: \_\_\_\_\_ DATE: \_\_\_\_\_

LANDLORD'S/AUTHORIZED REPRESENTATIVE'S SIGNATURE: \_\_\_\_\_

State why applicant(s) were not approved for future record: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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# Tenant Application

FOR PROPERTY MANAGEMENT USE ONLY					
Application Received:		Move-In Inspection Date:		M/I Inspection Date:	
Square Feet:	126	Monthly Rent:		Deposit:	
Leasing Agent:	Monica Lowenberg (property Manager)		Date:		

Concessions: \_\_\_\_\_

Landlord T/I Allowance: \_\_\_\_\_

Tenant Improvements: \_\_\_\_\_

Number of Office Keys provided \_\_\_\_\_. Additional office keys requested \_\_\_\_\_ at \$ \_\_\_\_\_ per office key, total cost to be billed back to tenant: \$ \_\_\_\_\_.

Number of Access Cards provided \_\_\_\_\_. Additional access cards requested \_\_\_\_\_ at \$ \_\_\_\_\_ per access card, total cost to be billed to tenant: \$ \_\_\_\_\_.

Provided with \_\_\_\_\_ Men Restroom Keys & \_\_\_\_\_ Women's Restroom Keys.

**RENT SCHEDULE:**

Lease Term		Rent Increase	Monthly Rent	CAM Fees	Total Rent	Yearly Rent	30 Day Notice Date
Six Months:	Thru						
Year one:	Thru						
Year two:	thru						
Year three:	thru						
Year four:	thru						
Year five:	thru						
Year six:	thru						
Year seven:	thru						
Year eight:	thru						
Year nine:	thru						
Year ten:	thru						

Entered into Yardi: \_\_\_\_\_ Date: \_\_\_\_\_ Proper \_\_\_\_\_