

CONSUMER NOTICE FOR TENANTS

THIS IS NOT A CONTRACT

(Not to be used when licensee is subagent for the landlord, agent for the tenant or transaction licensee)

_____ (Licensee) hereby states that with respect to this property (described property)
_____, I am acting in the following capacity: (check one)

- _____ Owner/Landlord of the Property
- _____ A direct employee of the Owner/Landlord; OR
- _____ An agent of the Owner/Landlord pursuant to the property management or exclusive leasing agreement.

I acknowledge I have received this Notice: _____ (Consumer) _____ (Date)

_____ (Consumer) _____ (Date)

I certify that I have provided this notice: _____ (Licensee) _____ (Date)



paradigm
properties group, inc.

2029 Cato Avenue, State College PA 16801

COMMERCIAL APPLICATION TO LEASE

Property Applying For: _____

Date of Application: _____

Desired Lease Start Date: _____

Quoted Rent: _____

Lease Term: _____

Company Name: _____ Tax I.D. or EIN: _____

Current Business Address: _____

Phone: () _____ Fax: () _____

Principal's Name: _____ Social Security Number: _____

Principal's Address: _____

Phone: () _____ Fax: () _____

Alternate Business Name(s): _____

Alternate Business Address: _____

Please choose one: Corporation Partnership Sole Proprietor Other

Years in Business: _____ Annual Sales/ Revenue/ Gross Income: _____

Description of Business to be conducted at this location: _____

BUSINESS REFERNCES:

Company Name: _____

Address: _____

Phone: () _____ Fax: () _____

Company Name: _____

Address: _____

Phone: () _____ Fax: () _____

BANK REFERENCES:

Bank Name: _____ Contact Name: _____
Address: _____
Phone: () _____ Fax: () _____

Bank Name: _____ Contact Name: _____
Address: _____
Phone: () _____ Fax: () _____

Are you, your co-applicant or occupant a current illegal use or a controlled substance? No _____ Yes _____
If yes, please explain: _____
Have you, your co-applicant or occupant ever been evicted form tenancy? No _____ Yes _____
If yes, please explain: _____
Have you, your co-applicant or occupant ever been convicted for any other felony offense or misdemeanor? No _____ Yes _____
If yes, please explain: _____
Have you, your co-applicant or occupant ever been sued for nonpayment of rent or sued for damages to a rental property? No _____ Yes _____
If yes, please explain: _____

NON-REFUNDABLE CREDIT CHECK AND PROCESSING CHARGE

Applicant(s) hereby submits payment in the amount of \$ _____ for a credit/criminal background check and processing charge. Regardless of whether the application is approved or not approved, said payment will be retained by Owner to cover cost of processing this application. Any false information will constitute grounds for rejection of application.

QUALIFICATIONS

In order to qualify as a resident, each applicant must meet our qualifications in the area of favorable landlord references, current employment, good credit standing, and minimum income requirements. Management or his agent is hereby expressly authorized to verify the accuracy and correctness of the statements contained herein, to communicate with applicant's employers and creditors, and to procure such other information which management or agent may require in order to evaluate this application. Please ask our representative if you have questions regarding our qualifications. NOTE: Application must be signed before it can be processed by management.

GOOD FAITH DEPOSIT

A good faith deposit in the amount of \$ _____ is submitted with this application. if application is approved, this good faith deposit will be applied toward payment of the applicant's security deposit of \$ _____ which is due prior to taking possession of the office space and applicant agrees to execute Owner's Lease Agreement on or before the occupancy date set out in this application. If for any reason management rejects this application, the good faith deposit submitted by applicant will be refunded in full to applicant.

CANCELLATION

Applicant may cancel this application by written notice within _____ hours and receive a full refund of the security deposit. If applicant cancels this application after _____ or fails to execute the Lease Agreement, or refuses to occupy the premises on the agreed upon date, the security deposit will be forfeited by the applicant and retained by Owner.

APPLICANT'S SIGNATURE

CO-APPLICANT'S SIGNATURE

REFERENCE VERIFICATION: (FOR OFFICE USE ONLY)				
Reference	Applicant	Co-Applicant	By	Date
<input type="checkbox"/> Present Landlord				
<input type="checkbox"/> Previous Landlord				
<input type="checkbox"/> Employer				

STATUS OF APPLICATION:
 Approved Not Approved Approved with conditions Manager _____ Date _____
 If not approved, indicate reason(s) _____
 Applicant notified by _____

PAYMENTS BEFORE MOVE-IN

Application Processing Fee _____
Good Faith Deposit _____
Pro-Rated Rent _____
First Month's Rent _____
Last Month's Rent _____
Pet Deposit _____