

Thank you for your interest in a Westhaven Property Management Commercial Space.

For your **Commercial Application** to be considered,
Westhaven Property Management needs the following information:

STEP 1 - Commercial Application Package	
	Commercial Application Form
	Certification and Authorization
	Landlord Information
	Two Pieces of Government Photo Identification
	Business License
	Business Financial and Bank Statements
	Proof of Commercial Insurance
	Any other pertinent business information

PLEASE NOTE: All of the aforementioned information is required in order to fully process your application. We suggest that you obtain all of the information before submitting it to our office, as we do not hold any commercial units. If you are approved, you will be advised shortly.

PERSONAL INFORMATION

Legal Name	DBA Name (if different from Legal Name)		
Driver's License#	DOB <small>DD/MM/YYYY</small>	SIN #	
Current Address (a physical address, not a P.O. Box)	City	Province	Postal Code
Email Address (required)	Phone #		

BUSINESS INFORMATION

Legal Name of Business	DBA Name (if different from Legal Name)		
Street Address (a physical address, not a P.O. Box)	City	Province	Postal Code
Mailing Address (if different from Street Address)	City	Province	Postal Code
Business Phone : () _____	Business Manager: _____	Contact #: _____	
Annual Sales \$ _____	Business License #: _____	# of Employees: _____	
Date Established: _____	Current Owner Since: <small>DD/MM/YYYY</small> _____		

TYPE OF ORGANIZATION Proprietorship C-Corp S-Corp General Partnership Limited Partnership
 Non-Profit LLC LLP

BUSINESS TYPE Retail Warehouse Wholesale Manufacturing Other _____

Average sales \$ _____

Describe product sold or service rendered by your business (e.g. accountant, bike shop, etc): _____

BUSINESS FINANCIAL INFORMATION

Gross Receipts/Sales (Complete accordingly for last three 3 years):

Current Year _____ \$ _____ Last Year _____ \$ _____ Previous Year _____ \$ _____

Identify bank(s) where applicant's/firm's accounts are maintained

Name of Bank: _____	Name of Bank: _____
Bank Address: _____	Bank Address: _____
Account #: _____	Account #: _____
Type of Account: _____	Type of Account: _____
Contact: _____	Contact: _____
Phone # () _____	Phone # () _____

Do you have a line of credit? ___ No ___ Yes (**If yes, identify below**)

Source: _____ Source: _____

Limit \$ _____ Limit \$ _____

Name of Creditor: _____ Name of Creditor: _____

Contact: _____ Contact: _____

Phone # () _____ Phone # () _____

List current creditor(s) or lender(s) or loan(s) to the applicant/firm.

Name of Creditor: _____ Name of Creditor: _____

Type of Credit/Loan: _____ Type of Credit/Loan: _____

Dollar Value \$ _____ Dollar Value \$ _____

Contact: _____ Contact: _____

Phone # () _____ Phone # () _____

BUSINESS OWNER/PARTNER/STOCKHOLDER/GUARANTOR INFORMATION

APPLICANT #1

Name _____ SIN # _____ DOB _____ DD/MM/YYYY

Home Address _____ City _____ Province _____ Postal Code _____

% of Ownership is Business _____ Gross Income* \$ _____

Own Home Rent Home Personal Net Worth Excluding Business Value \$ _____

APPLICANT #2

Name _____ SIN # _____ DOB _____ DD/MM/YYYY

Home Address _____ City _____ Province _____ Postal Code _____

% of Ownership is Business _____ Gross Income* \$ _____

Own Home Rent Home Personal Net Worth Excluding Business Value \$ _____

APPLICANT #3

Name _____ SIN # _____ DOB _____ DD/MM/YYYY

Home Address _____ City _____ Province _____ Postal Code _____

% of Ownership is Business _____ Gross Income* \$ _____

Own Home Rent Home Personal Net Worth Excluding Business Value \$ _____

If there are more than three applicants, please use another application and reference the business name on front.

The signer(s) certifies that he/she is authorized to execute the application for the business named above, and that the information in this application and any other documents submitted in connection with the application are true, correct and complete. Pursuant to the Fair Housing Law, HPMG shall not refuse to rent to any person because of race, creed, color, religion, national origin, handicap, or familial status, nor discriminate in the terms offered or services rendered. I (we), the applicant, do represent all information to be true and accurate and that owner/agent may rely on this information when investigating and accepting this application.

I hereby authorize the owner/agent to make independent investigations to determine my credit, financial, and character standing. I authorize any person or credit checking agency having any information on me to release any and all such information to the owner, their agent, or credit checking agencies. I hereby release, remise, and forever discharge from any action whatsoever, in law and equity, all owners, managers, employees and/or agents, both of the Landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I declare that a photocopy of my signature shall be as valid as the original.

Signed By	Title	DD/MM/YYYY
Signed By	Title	DD/MM/YYYY
Signed By	Title	DD/MM/YYYY

Westhaven Property Management Inc., requires the following information to be completed in full and stamped by the Landlord/Representative in order to process the Commercial Application for Address:

The information being documented is reference material. This material should be completed at the time being submitted and provided for you at no additional charge.

Name of Landlord / Representative Completing Form: _____ Contact # () _____

Name of Lease Holder(s): _____ # of Additional Occupants: _____

Type of Business Operating: _____ Commercial Address: _____

Length of Tenancy: _____ Commercial Rent: _____

Additional Charges (ex. utilities, parking): _____ How many days' notice to vacate given? _____

Any late payments? YES NO

Any NSF / Returned Cheques? YES NO

Does the tenant maintain a clean unit? YES NO

Has the unit received any complaints? YES NO

If **Yes**, please explain: _____

Landlord / Representative Signature

DD/MM/YYYY
Date

Management Stamp

I, _____, authorize the individual or organization to whom this application is submitted to investigate all bank, credit and trade references named in this application, and to obtain information about the credit status of the applicant in order to assess the applicant's suitability as a tenant/lessee. I certify that the information provided is true, accurate and complete.

I understand that Westhaven Property Management will be contacting my references and asking questions regarding personal information. I authorize my references to answer the questions asked as truthfully as possible.

Print Name (Applicant) _____
Signature (Applicant) _____
Date

Print Name (Applicant) _____
Signature (Applicant) _____
Date

Dear Future Tenant,

Thank you for choosing to be part of the Westhaven community. All potential tenants are required to have Commercial Liability Insurance before acceptance of any application. Failure to provide proof of Liability Insurance can result in the decline of your application.

We look forward to having you join our community.

Regards,

Westhaven Property Management Inc.