"PEOPLE WORKING TOGETHER"

IMANI MANAGEMENT, INC. 514 W. 169th St. Suite 1W New York N.Y. 10032
Tel. (212) 543-0448 Fax (212) 781-9609

Commercial Lease Application

Applicant name_____ Social Security_____ Address_____

Landlord_____Business Phone_____ Home_____Cell_____

Co Applicant Name_____S.S.#_____Address_____

Landlord Phone_____Business#_____Home#_____

Commercial Space applying for:_____

Type of Business Desired:_____

Do you have a business?_____ Business name and address_____

Is your business a Corporation_____Partnership_____Other_____

How many years in this location?_____ Landlords name_____phone#_____

Bank Accounts

Bank Name_____Location_____

Bank Name----------Location_____

Business References

_____Phone#_____2._____Phone#_____

Personal References

_____Phone#_____2._____Phone#_____

Proposal

Monthly Rent $_____Security$_____Total Landlord Amount_____
Lease Term_____Years Option_____Years Straight rent $_____
Annual Increase_____Real State Taxes$_____Repair Time_____others_____

The undersigned hereby authorizes Imani Management to obtain a consumer Credit Report, verify all references and release all parties to provide such information as requested by Imani Management Pertaining to this application. I agree to pay Imani Management the brokers service as stated in the commission agreement

_____ _____ _____ _____
Applicants Signature Date Co-applicant signature Date