

# Wilderness Village

## CORPORATE APPLICATION FOR RENTAL

Notice: Individual occupant(s) must complete a separate application.

UNIT #: \_\_\_\_\_ RENT: \_\_\_\_\_ START DATE: \_\_\_\_\_ LEASE TERM: \_\_\_\_\_

<b>COMPANY INFORMATION</b>	
FULL COMPANY NAME	TAX ID
COMPANY TYPE <input type="checkbox"/> CORPORATION <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> OTHER: _____	

<b>COMPANY'S PRIMARY PLACE OF BUSINESS</b>			
STREET ADDRESS	CITY	STATE	ZIP
YEARS IN BUSINESS	YEARS AT ADDRESS	LANDLORD/MGMT/MORTGAGER AND PHONE NUMBER	
PRIMARY PHONE NUMBER	LIST OTHER COMPANY NAMES AND LOCATIONS		

<b>BANK REFERENCES</b>			
BANK NAME	ACCOUNT NUMBER	PHONE NUMBER (    )    (    )	
CONTACT NAME	BRANCH	TYPE OF ACCOUNT	FAX NUMBER P (    )
BANK NAME	ACCOUNT NUMBER	PHONE NUMBER (    )	
CONTACT NAME	BRANCH	TYPE OF ACCOUNT	FAX NUMBER (    )

<b>BUSINESS PROFILE</b>	
NATURE OF BUSINESS	
PRESIDENT or RMM	YEARS WITH FIRM

<b>TRADE REFERENCES</b>			
CONTACT NAME	COMPANY	PHONE	RELATIONSHIP
CONTACT NAME	COMPANY	(    ) PHONE	RELATIONSHIP

<b>BUSINESS REFERENCES</b>		
BUSINESS CPA OR ACCOUNTANT	CONTACT NAME	PHONE (    )
BUSINESS ATTORNEY	CONTACT NAME	PHONE (    )

I hereby warrant that all my representations set forth are true.

By signing below, Applicant(s) authorize Wilderness Village and/or any party connected with its business organization, to perform any credit checks or reference checks in connection with this application.

Wilderness Village and/or any party connected with its business organization shall in no event be liable with respect to any matter concerning this application or concerning any act or failure to act in connection with this application or in connection with any lease or leases contemplated herein.

No representations or agreements by Salespersons, Agents or others are to be binding on Wilderness Village and/or any party connected with its business organization unless included in the written lease proposed to be executed.

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
Date



**Corporate Occupant Move-in Notification**  
**Each Occupant Must Complete an Authorization Form**

Community Name \_\_\_\_\_

Apartment Address \_\_\_\_\_ Move-in Date \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Name of Company Representative \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Occupant's Full Legal Name \_\_\_\_\_

Current Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Pet Information: Type \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Name \_\_\_\_\_

Vehicle Information: Make/Model/Year/Color/License Plate Number/State  
 \_\_\_\_\_

Do you or any of your intended Occupants have criminal charges pending against you or them? \_\_\_ Yes \_\_\_ No

Have you, or any of your intended Occupants, been convicted of a any criminal offense; entered a pleas of "guilty" or "no contest" to any criminal offense; or had any criminal matter disposed of in a manner other than by acquittal or a finding of "not guilty"? \_\_\_ Yes \_\_\_ No

If yes to either of these questions, please provide details including dates, county and state in which the incident occurred.

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

Correct Information. I represent that all of the above statements are true and complete and authorize Palladium Real Estate Services to obtain criminal background information about me and my intended occupants of the premises in order to approve me for occupancy at Palladium's community. I hereby release from all liability or responsibility all persons and corporations supplying such information. I acknowledge that false, incomplete or misleading information herein may constitute grounds for rejection of right of occupancy of all residents and occupants under a lease, and may constitute a criminal offense under the laws of this State. This screening process does not obligate Palladium Real Estate Services to execute a Lease or to deliver possession of the premises to me. I understand that I am responsible for submitting a Move-out Notification form upon my departure.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_