

Tenant Lease Application

Fruitridge Community Collaborative

Business Information

Legal Name of Organization		DBA Name (if different from Legal Name)	
Street Address (a physical address, not a P.O. Box)		City/County	State Zip
Mailing Address (if different from Street Address)		City/County	State Zip
Business Phone #: (____) _____ Business Manager: _____ Contact #: _____			
Federal Tax ID #: _____ (Attach IRS Letter of Determination) # of Employees: _____			
Date Established: _____ Current owner Since: _____			
Type of Organization: <input type="checkbox"/> Non-Profit _____ (i.e. 501c3, etc.) <input type="checkbox"/> For Profit <input type="checkbox"/> Both			
Mission, Programs Delivered, Population Served:			
Do you serve constituents in the following zip codes 95817, 95820 or 95824 <input type="checkbox"/> Yes <input type="checkbox"/> No			

Rental History

<i>Has any applicant above ever been convicted of:</i>	<i>No</i>	<i>Yes – please specify, use separate page if needed</i>
HAVE YOU EVER BEEN EVICTED?		
HAVE YOU EVER BEEN SERVED NOTICE TO VACATE?		

Non-Profit Officers and Executive Director

1	Name:	Title:		
	Home Address			
	City/County		State	Zip
2	Name	Program Manager		
	Home Address			
	City/County		State	Zip
3	Name	Process Server		
	Home Address		City/County	State Zip
	Gross Income*			

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

990 Filings (Most recent):

Current Year _____ \$ _____

Last Year _____ \$ _____

Who do you bank with? _____

Desired move in date: _____

Certification and Authorization

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: _____ Date: _____

Signed By: _____ Title: _____ Date: _____

Signed By: _____ Title: _____ Date: _____

Why do you want space at FRCC?

Describe partnerships and collaborations with other agencies? With FRCC Tenants?

List the Zip codes that you currently serve and how many of your participants live in each zipcode (alright to estimate):

Describe your space and number of staff that will be housed at FRCC:

Describe your targeted group (Who do you serve):
