



TO BE COMPLETED BY PARISH - ALLOW 30 DAYS FOR LEASE

TENANT

PROSPECTIVE TENANT LEGAL NAME:

PHONE (*Please provide area code*):

EMAIL:

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

LEASE / LICENSE DETAILS

PROSPECTIVE TENANT BUSINESS NAME (DBA):

LEGAL ENTITY DESCRIPTION (*e.g.: 501(c)3 registered in the state of Hawaii*):

AUTHORIZED SIGNATORY NAME:

AUTHORIZED SIGNATORY TITLE:

PREMISES DESCRIPTION (*e.g.: Classroom A*): ***Please attach premises map**

MONTHLY NET RENT REQUIRED:

GET:

TERM PERIOD:

COMMENCEMENT DATE:

Additional **OR** Included

ADDITIONAL INCREASES - ATTACH DETAILS

USE REQUIREMENTS

SECURITY DEPOSIT: Yes No	IF YES: State deposit amount:	
OPERATING EXPENSES: Yes No	IF YES: Attach budget. Example: utilities, refuse	
PARKING AREAS ALLOWED: Yes No	IF YES: Describe number of stalls and location:	IF NO: Describe where will they park:
RESTRICTION OF USE: Yes No	IF YES: State type: Office? Classrooms?	
JANITORIAL (INCLUDED/EXCLUDED): Yes No	IF YES: State amount:	

PASTOR/ADMINISTRATOR SIGNATURE:

DATE: