

# Tenant Application

<b>Program Name:</b>	
<b>Legal Name of Organization:</b>	
<b>Sponsoring Organization:</b>	
<b>Is your Organization in good standing with the Illinois Secretary of State's office?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Please provide a copy of your Articles of Incorporation	
<b>Name of Person providing this information:</b>	
Phone number:	_____
Fax number:	_____
Address:	_____
	_____
	_____
Email address:	_____
Website address:	_____
<b>Tenant's Employer Identification Number (EIN):</b>	
<b>Are you the decision maker?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Do you have a board of directors?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Individual(s) authorized to sign on behalf of the Organization:</b>	
Name/Title:	_____
Name/Title:	_____
<b>Corporate tax status 501(c)(3)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Please provide a copy of your federal tax exemption letter	
<b>Organization's Mission:</b>	
Please provide copies of your charter, by-laws, and Mission Statement: also URL of Tenant's website:	
<b>Program clientele:</b>	

**What specifically will this site be used for?**

**Location you are interested in:**  
Parish: \_\_\_\_\_  
Building: \_\_\_\_\_  
*(i.e., church, rectory, convent, school, hall)*  
Square footage: \_\_\_\_\_  
Number of rooms: \_\_\_\_\_  
Number of floors: \_\_\_\_\_

**Have you viewed the property?** Yes  No   
\* Tenant must do due diligence, making sure the building is zoned and code compliant for specific use

**Days of the week:**

**Hours:**

**Do you have any issue with shared space?** Yes  No   
If yes, please elaborate:

**Does your use require a special license, charter or permit from a governmental organization?** Yes  No

**If yes, what governmental organization?**  
Please provide a copy of your license, charter or permit

**How long has your Organization been in existence?**

**How long has this specific program been in existence?**

**What are your sources of funding for operating expenses?\***

**What is percentage of operating expenses funded by donations?\***

**What are your sources of funding for capital expenses?\***

**What is percentage of capital expenses funded by donations?\***

\*If funding for either operating or capital expenses is from an outside source, please provide verification (i.e., a commitment letter)

**Please provide your last two years financial statements, both income and balance sheet**  
OR  
**If your organization is less than two years old, please provide financial statements since the established date as well as two years projected financial statements**

<b>Where are you currently located?</b>
<b>How long have you been there?</b>
<b>What is the name and phone number of your current landlord?</b>
Name: _____
Phone number: _____
<b>How long of a term are you interested in?</b>
<b>When would you like the term to begin?</b>
<b>Is this a firm date?</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>

**CONSENT TO VERIFICATION OF CREDIT AND OTHER INFORMATION**

Applicant represents that all of the above statements are true, correct, and complete as of the date of this Application. Applicant authorizes Landlord to verify the information provided herein, including contacting the current landlord of Applicant and obtaining a credit report on Applicant. Concurrently with Applicant's delivery of a completed and signed Application to Landlord, Applicant shall deliver a credit check fee in the amount of \$300.00 payable to The Catholic Bishop of Chicago as part of the application process.

Signature of Applicant:

\_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_