

Tenant Application

Program Name:	
Legal Name of Organization:	
Sponsoring Organization:	
Is your Organization in good standing with the Illinois Secretary of State's office? Yes <input type="checkbox"/> No <input type="checkbox"/> Please provide a copy of your Articles of Incorporation	
Name of Person providing this information:	
Phone number: _____	
Fax number: _____	
Address: _____	

Email address: _____	
Website address: _____	

Are you the decision maker? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a Board of Directors? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Individual(s) authorized to sign on behalf of the Organization:	
Name/Title: _____	
Name/Title: _____	

Corporate tax status 501(c)(3)? Yes <input type="checkbox"/> No <input type="checkbox"/> Please provide a copy of your federal tax exemption letter	
Program description:	
Program clientele:	
What specifically will this site be used for?	
Location you are interested in:	
Parish: _____	
Building: _____	
<i>(i.e., church, rectory, convent, school, hall)</i>	
Square footage: _____	
Number of rooms: _____	
Number of floors: _____	

Have you viewed the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Days of the week:	
Hours:	
Do you have any issue with shared space? If yes, please elaborate:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your use require a special license, charter or permit from a governmental organization:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 are your sources of funding for capital expenses?*	
*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	
Where are you currently located?	
How long have you been there?	
What is the name and phone number of your current landlord?	
Name: _____	
Phone number: _____	
How long of a term are you interested in?	
When would you like the term to begin?	
Is this a firm date?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please note that a credit check fee may be required as part of the application process