

TENANT APPLICATION

Organization Information

Organization Name			
Address	City	State Zip _	
Mailing Address (if not the same as a	above)		
Contact Name		Title	
Phone	Email		
Website			
Name of Person Submitting (if different	ent from above)		
Phone	Email		
EIN	Hours of open	ration	
Mission Statement			
Office Space Needs			
If you are currently in another lease a	agreement, when does it e	expire?	□ N/A
# of full-time staff # of p	art-time staff		
Approximate square footage of office	space needed	Average # of clients served per mo	nth
Attachments			
Please submit the following documer	nts with this completed app	plication:	
Current board of directors list			
Current or most recent year-eMost recent year-end income	•	atement of financial position) t of activities or profit and loss)	
Signature			
Signature		Date	