

LEASE INFORMATION REQUEST FORM

Please complete this Lease Information Form with as much detailed information as possible. The form and a **copy of the congregation's business meeting minutes approving the lease** are to be faxed to Legal Services at 816/521-3099 or e-mailed to lmccrosson@cofchrist.org Once this information is received Legal Services will prepare the Lease Agreement for review and signature. **Legal Services will require at least two (2) weeks to prepare a Lease Agreement. If you need the lease immediately, please complete the form and follow up with a telephone call to Lori McCrosson at 1/800/825-2806 Ext. 2217.**

1. NAME OF CONGREGATION, CAMPGROUND, OR MISSION CENTER REQUESTING THE LEASE.

2. ADDRESS OF PROPERTY BEING LEASED.
Address: _____
State: _____ Zip: _____

3. PROPERTY BEING LEASED IS A:
Church facility: _____
Residential property: _____
Parking lot: _____
Other: _____

4. CHURCH'S CONTACT PERSON
Name: _____
Office (Pastor/Financial Officer): _____
Address: _____
City: _____ State: _____ Zip Code _____
Telephone number: _____
Fax number: _____
E-mail: _____

5. TENANT'S NAME AND CONTACT INFORMATION
Name _____
Address: _____
Office held: _____
City: _____ State: _____ Zip Code: _____
Telephone number: _____
Fax number: _____
E-mail: _____

6. INTENDED USE BY TENANT: _____
(Example: religious, educational, day care, personal business)

7. TYPE OF BUSINESS: _____ NON PROFIT _____ FOR PROFIT

8. DEPOSIT AND MONTHLY RENT TO BE CHARGED.
Deposit: \$ _____
Rent: \$ _____

9. WHICH PARTY WILL BE RESPONSIBLE FOR UTILITIES? (**Consider how the increase in utilities due to additional use by tenant will be paid.**)

Congregation: _____

Tenant: _____

10 REQUESTED START DATE (effective date) FOR THE LEASE.

11 TERM OF THE LEASE (i.e. month to month, 6 months, 1 year)

12 DOES THE TENANT MEET THE CHURCH'S INSURANCE REQUIREMENTS?

_____ YES _____ NO

NOTE: Tenant will be required to provide a Certificate of Insurance to Risk Management for review and approval, prior to having access to the property. Sexual Abuse and Molestation coverage is required for groups using a facility that involve children in any way.

13 DETAILED DESCRIPTION OF THE TENANT'S RIGHT TO ACCESS THE PROPERTY. (**Designate and be specific**)

Days per week: _____

Hours per day: _____ to _____

Parking spaces: _____

Storage area: _____

Rooms: _____

14 KEYS.

Number of sets of keys to be delivered to Tenant _____.

Name of Person receiving keys on behalf of Tenant: _____

15. DOES TENANT HAVE MAINTENANCE AND CLEANING RESPONSIBILITIES?

_____ YES _____ NO

If yes, please describe: _____

