



APPLICATION FOR LEASE
(Corporation)
PLEASE COMPLETE THOROUGHLY

Full Corporate Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone:( ) \_\_\_\_\_

Address of Chief Executive Officer of Corporation if different from above: \_\_\_\_\_

Current Landlord or Management Co: \_\_\_\_\_

Contact \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Purpose of Lease: \_\_\_\_\_

\*\*\*\*\*PLEASE ATTACH A COPY OF YOUR ARTICLES OF INCORPORATION\*\*\*\*\*

CORPORATE INFORMATION

President/CEO: \_\_\_\_\_

Vice Presidents: \_\_\_\_\_

Secretary: \_\_\_\_\_

Chief Financial Officer: \_\_\_\_\_

Agent for Service of Process: \_\_\_\_\_

Address for Agent for Service of Process: \_\_\_\_\_

Directors:

Table with 3 columns: Name, Address, Telephone #. Rows 1-5.

Shareholders:

Table with 3 columns: Name, Address, Telephone #. Rows 1-5.



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Are you presently in good standing with the Secretary of State? Yes / No [ ] [ ]
If you are not a California corporation, are you authorized by the California Secretary of State to transact business in the State of California? [ ] [ ]
Federal Tax identification Number:
Who is authorized to execute the Lease:

BANK ACCOUNTS
(Indicate on each account if it is a checking or savings account)

Table with 6 columns: Name on Account, Name of Bank, Branch, City, State, Account #. Rows 1-5.

Table with 5 columns: Name of Creditor, Address, City, State, Phone #. Rows 1-5.

Table with 4 columns: Address, City, County, State. Rows 1-5.

In case of emergency notify: Phone: wk hm.
Address: City State Zip
Relationship to Personal Guarantor:

The undersigned Officer of the Corporation Applicant hereby declares that he is authorized to make the representations of fact contained in the foregoing application and that the representations are true and correct. Applicant understands that Lessor/Owner is relying on the truth of the facts contained in this application in determining whether to enter into a lease with Applicant. If any information herein contained is false, Applicant will be liable to Lessor/Owner for all damages arising therefrom. The lease made on the strength of this application may, at the option of the Lessor/owner, be terminated at any time, if Lessor/owner learns that any information herein contained is false. Applicant authorizes Lessor/Owner to verify the above statements, including, but not limited to, the use of credit information agencies.

Date Signature Title
Date Signature Title



- Personal Guarantor -  
APPLICATION FOR LEASE

PLEASE COMPLETE THIS APPLICATION THOROUGHLY (ALL SECTIONS) AND RETURN THIS "ORIGINAL LIVE-SIGNED" APPLICATION, **NO PHOTO OR FAX COPIES ACCEPTED**, TO THIS OFFICE **ALONG WITH COPIES OF ALL OF THE FINANCIAL ADDITIONAL INFORMATION REQUESTED ON THE SECOND PAGE OF THIS APPLICATION.**

Full Legal Name of Personal Guarantor ("Applicant"): \_\_\_\_\_

Name of Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Current Landlord or Management Co: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Description of Business: \_\_\_\_\_

Purpose of Lease: \_\_\_\_\_

	Yes / No
Are you an officer of the Corporation?	[ ] [ ]
Are you a Director of the Corporation?	[ ] [ ]
Are you a shareholder of the Corporation?	[ ] [ ]
Do you primarily earn your livelihood fro work for the Corporation?	[ ] [ ]
Have you completed and filed with the county a Fictitious Business Name Statement?	[ ] [ ]

**If yes, please attach a copy of your statement.**

**PERSONEAL INFORMATION**

Current Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: hm. ( ) \_\_\_\_\_ / wk. ( ) \_\_\_\_\_ / fax: ( ) \_\_\_\_\_

How long at this address? \_\_\_\_\_ / Rent [ ] or Own [ ] / Married [ ] Single [ ] Divorced [ ]

Full Legal Name of Spouse: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Your Drivers License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Spouse's Drivers License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_ Spouses Date of Birth: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address: \_\_\_\_\_

**BANK ACCOUNTS**

(Indicate on each account if it is a **checking** or **savings** account)

	<b>Name on Account</b>	<b>Name of Bank</b>	<b>Branch</b>	<b>City</b>	<b>State</b>	<b>Account #</b>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____



- Personal Guarantor -  
APPLICATION FOR LEASE

**LIABILITIES / LOANS**

	Name of Creditor	Address	City	State	Phone #	Balance(\$)
1.						
2.						
3.						
4.						

**PERSONAL CREDIT REFERENCES**

	Name of Creditor	Address	City	State	Phone #
1.					
2.					
3.					
4.					

**REAL ESTATE (PROPERTY) OWNED**

	Address	City	County	State
1.				
2.				
3.				
4.				

**EMERGENCY INFORMATION**

In case of emergency notify: \_\_\_\_\_ Phone: wk \_\_\_\_\_ hm. \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Relationship to Personal Guarantor: \_\_\_\_\_

The undersigned Applicant hereby declares that the representations of fact contained in the foregoing application and Additional Information, below, are considered part of my lease and are true and correct. If any information herein contained is false, the lease made on the strength of this application may, at the sole option / discretion of Lessor / Owner, be terminated at any time. Applicant agrees, approves and authorizes Lessor / owner or Lessor / Owner’s Agent to verify the above statements and Additional Information, below, including, but not limited to, the use of credit report / information agencies.

**ADDITIONAL INFORMATION**

In addition to the information requested above, please provide (include) complete, current and clear copies (no original documents) of your latest (most current):

- Profit and Loss Statements (year-end and / or year-to-date), if applicable;
- Balance Sheet (year-end and / or year-to-date), if applicable;
- Federal Tax Returns (complete returns – showing all pages and all schedules) – all Applicants; and
- Personal Financial Statements (total assets and liabilities) – all Applicants

For the past two (2) years (i.e., “2002” and “2003”), which you represent as true and correct.

**GUARANTOR / APPLICANT**

_____	_____	_____	_____
Date	Name Printed	Signature	Title
_____	_____	_____	_____
Date	Name Printed	Signature	Title