

LEASE APPLICATION



Thank you for applying to lease with us. Please provide us with all the information requested below. Incomplete information will only delay the processing of your Lease Application. PLEASE FILL IN THE FORM ON LINE AND PRINT/OR PRINT FORM FIRST AND PRINT CLEARLY BY HAND. One application per applying individual(SS#). Once completed, please deliver to our office with the necessary fees to process your application. WE CANNOT PROCESS THIS APPLICATION ON-LINE. For your convenience, a map is located on the *Contacts* page of this website.

COMPANY INFORMATION

Business Name _____
DBA _____

Entity Type (select one) Proprietorship/Partnership (General) California Limited Partnership S-Corporation (State: _____)
 C-Corporation (State: _____) Limited Liability Company (LLC) Limited Liability Partnership (LLP)

Please attach financial statements with this application (a current balance sheet, profit and loss statement for YTD and the preceding two (2) fiscal years).

Federal Tax I.D. # _____ Date business established _____
Type of business _____
Current address _____

Current phone and fax _____
Current Email address _____
How long at this address _____ Rent Lease Own
Landlord name _____ Landlord phone number _____

Previous Business Addresses *(Please provide complete information for the preceding five (5) years.)*

Address _____
Lessor _____ Lessor's phone number _____
Monthly lease amount \$ _____ Term of Lease _____ Occupancy Length _____
years/months years/months

Address _____
Lessor _____ Lessor's phone number _____
Monthly lease amount \$ _____ Term of Lease _____ Occupancy Length _____
years/months years/months

Address _____
Lessor _____ Lessor's phone number _____
Monthly lease amount \$ _____ Term of Lease _____ Occupancy Length _____
years/months years/months

OFFICER|PARTNER|OWNER INFORMATION

Full name _____ Position _____
Address _____
Home phone number _____ Social Security Number _____ Equity % _____

Full name _____ Position _____
Address _____
Home phone number _____ Social Security Number _____ Equity % _____

Full name _____ Position _____
Address _____
Home phone number _____ Social Security Number _____ Equity % _____

Full name _____ Position _____
Address _____
Home phone number _____ Social Security Number _____ Equity % _____

PARENT COMPANY INFORMATION

Name of business _____
Address _____
Phone number _____
Federal Tax I.D. # _____ Date business established _____

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COMPANY FINANCIAL INFORMATION

Business Banking Accounts

Bank name _____

Checking Savings Account # _____ Checking Savings Account # _____

Bank/Branch address _____

Bank/Branch phone number _____ Bank contact _____

Bank name _____

Checking Savings Account # _____ Checking Savings Account # _____

Bank/Branch address _____

Bank/Branch phone number _____ Bank contact _____

Business Credit Accounts

Name _____ Account # _____

Address _____

Phone number _____ Contact _____

Name _____ Account # _____

Address _____

Phone number _____ Contact _____

Name _____ Account # _____

Address _____

Phone number _____ Contact _____

Name _____ Account # _____

Address _____

Phone number _____ Contact _____

COMPANY FINANCIAL STATEMENT

The following information is a statement as of _____ (date). The information provided and supporting schedules is the most current financial information available concerning the Leasing Entity and there have been no significant changes. PLEASE ENTER THE LIABILITIES AS A NEGATIVE NUMBER FOR THE MATH TO WORK.

Revenue	Amount	Expenses	Amount
Rental Income: _____	\$ _____	Operating Expenses _____	\$ _____
Other Income: _____	\$ _____	Other Expense: _____	\$ _____
Other Income: _____	\$ _____	Other Expense: _____	\$ _____
Other Income: _____	\$ _____	Other Expense: _____	\$ _____
Other Income: _____	\$ _____	Other Expense: _____	\$ _____
Total Revenue	\$ _____	Total Expenses	\$ _____

Assets	Amount	Liabilities	Amount
Cash in: _____	\$ _____	Revolving Credit	\$ _____
Cash in: _____	\$ _____	Installment Credit Obligations	\$ _____
Marketable Securities Owned	\$ _____	Real Estate Debt from Schedule of Real Estate	\$ _____
Receivables	\$ _____	Other Liabilities: _____	\$ _____
Real Estate Owned from Schedule of Real Estate	\$ _____	_____	\$ _____
Other Assets: _____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Total Assets	\$ _____	Total Liabilities	\$ _____
		Total Net Worth (total Assets minus total Liabilities)	\$ _____

