TENANT INFORMATION SHEET

BUSINESS INFORMATION Full Legal Company Name:_____ Federal Tax ID#: DBA: Business Address:_____ Web Address: Phone #: Date Entity was Formed: If a Corporation, State of Inc.: Type of Organization: □Corporation □Limited Partnership □LLC □Sole Proprietorship Name of Officer/Partner:______ Title:_____ Name of Officer/Partner:______ Title:_____ Name of Officer/Partner:______ Title:_____ Name of Officer/Partner:______ Title:_____ Guarantor:_____ Co-Guarantor:_____ Years in Business:_____ Number of Employees:_____ Annual Gross Income: _____ Nature of Business: Proposed use of Premises:______ Email Address:_____ Professional Licenses Held □Yes □No Type ______ How long? ____ License # _____ State _____ ______ Phone #:_____ Current Landlord:_____ How long?:_____ Owner/Manager's Name:_____ INFORMATION CONCERNING EXISTING LOCATION What is the size of the facility/office that this new space will replace?:______ What is the monthly rent for the space that is being replaced?:______ What is the reason for acquiring the new space?:______ PERSONAL INFORMATION Name: Last:______ First:_____ Middle:_____ Date of Birth: _____ Driver's Lic. #:_____ Social Security #:_____ Home Address: □Own □Rent If rent, owner/mgr. name:______ Phone #:_____ How long?:_____ Employer:_____ Phone #:_____ Employer's Address:_____ Position: _____ Dates of Employment: _____ Monthly Income: \$_____ Previous Employer: ______ Phone #:_____ Previous Employer's Address: Position: _____ Dates of Employment: _____ Monthly Income: \$_____ SPOUSE'S INFORMATION (Required if married) Date of Birth: _____ Driver's Lic. #:_____ Social Security #:_____ ______ Phone #:_____ Employer:____ Employer's Address:_____ Position:_____ Dates of Employment:_____ Monthly Income: \$____

Number of company-owned:	Type of vehicles:		
•	eletely on a separate sheet of paper		
		st the business? If yes, please explain giving	
date, amount and ager	•		
2) Is the business involved	d in any pending litigation? If yes, p	olease explain. □Yes □No	
OTHER REAL ESTATE OWNED			
Address:		How long?:	
PLEASE LIST ALL BANK(S) (Busi			
Name of Bank:	Branch:	Phone #:	
Account Name:	Account #:	□Personal □Business	
Balance:	<u> </u>		
		Phone #:	
		□Personal □Business	
Balance:	<u> </u>		
Name of Bank:	Branch:	Phone #:	
		□Personal □Business	
Balance:	<u> </u>		
HAVE YOU EVER FILED FOR BA			
		Chapter:	
		Chapter:	
Reason for bankruptcy:			
IN CASE OF AN EMERGENCY PI	LEASE CONTACT:		
Name:			
Phone #:	Phone #:		
Contact for billings:	Email:		
Phone #:			
Contact for lease renewals:	: Email:		
Phone #:	Cell #:		
GUARANTOR (if different than	Lessee/Applicant): Name:		
Date of Birth:	Driver's Lic. #:	Social Security #:	
Home Address:	City:	State: Zip:	
Home Phone #:	Cell #:	State: Zip: Fax #:	
□Own □Rent If rent, owner/	'mgr. name:	Phone #:	
How long?:	Relationship to Applicant:		
OTHER REAL ESTATE OWNED			
Address:		How long?:	
BANK REFERENCES (Guarantor			
Account Holder Name:	Ac	ccount #:	
Account Holder Name: Bank Name:	Ac Ac Ac Ac	ccount #:	
Account Holder Name: Bank Name: Balance: \$	Complete Address:_ How long?:	count #:	
Account Holder Name: Bank Name: Balance: \$	Complete Address:_ How long?:	count #:	
Account Holder Name:	Complete Address:_ How long?:	ccount #:	

VEHICLES

In your own words, explain what you plan to use the space for and any pertinent information such as but not limited to, TYPE OF BUSINESS, DAYS AND HOURS OF OPERATION, NUMBER OF EMPLOYEES, SPECIFIC TYPE OF WORK TO BE PERFORMED ON PREMISES, ETC.				
Are you presently in good standing with the S	Secretary of State? □Yes □No If No please explain:			
If you are not a California corporation, are yo business in the State of California: □Yes □No	u authorized by the CA Secretary of State to transact			
	IT AND COPIES OF FEDERAL TAX RETURNS FOR THE LAST 2 ALSO INCLUDE THE LAST 3 MONTHS BANK STATEMENTS FOR			
FINANCIAL AND CREDIT INFORMATION TO MY PROS	AND BUSINESS LISTED ABOVE AS REFERENCES TO PROVIDE SPECTIVE LESSOR, HIS MANAGER AND/OR HIS BROKER. I R REPRESENTATIVES TO PERFORM A CREDIT CHECK ON			
ARE TRUE AND CORRECT. IF ANY INFORMATION HEI MISLEADING, THE LEASE MADE ON THE STRENGTH BE TERMINATED AT ANY TIME. IN ADDITION, THE LE	IS APPLICATION ARE CONSIDERED PART OF THE LEASE AND REIN CONTAINED IS DISCOVERED TO BE FALSE OR OF THIS APPLICATION MAY, AT THE OPTION OF THE LESSOR, ESSOR IS HEREBY GRANTED PERMISSION TO VERIFY ALL ANY CREDIT REPORTS IT DEEMS NECESSARY, INCLUDING			
By Lessee: Executed at: On:				
	Spouse and/or Partner			
Ву:	Ву:			
Name Printed:	Name Printed:			
Title:	Title:			
Phone:Fax:	Phone: Fax:			
Email:	Email:			
By Guarantor (if different than Lessee/Applicant):				
Executed at:				
By: Name Printed:				
Title:				
Phone:				
Fax:				
Fmail:				

^{**} If this is a business partnership, each partner must complete a form entirely.

FINANCIAL STATEMENT

ASSETS	Personal / Corporate	LIABILITIES	Personal / Corporate
Cash in banks	\$	Bank Loans	\$
Savings	\$	Personal Loans	\$
Automobile	\$	Auto Loans	\$
Accounts receivable	\$	Accounts Payable	\$
Real Estate Owned	\$	Mortgage / Rent	\$
Investments: Bonds & Stocks	\$	Other debts:	\$
Other	\$		
Total Assets	\$	Total Liabilities	\$
		Net Worth	\$

		SOURCE OF INCOME					
Base Salary \$ Base Salary \$	/ ye		nt Real Estate \$ _ Other \$ _				
BANK ACCOUNTS							
Personal / Corp	Name of Bank	Checking/Savings	City	Account Balance			
				\$			
0 0				\$			
0 0				\$			
	F	REAL ESTATE OWNED					
Personal / Corp	Address		Est. Value	Amount Owed			
0 0			\$	\$			
0 0			\$	\$			
0 0			\$	\$			