

LEASE APPLICATION

(Please type or print legibly)

Site Information

Project Name: _____
Address/Unit Number: _____
Size (sq. ft.): _____

Personal Information

Full Name (*first, M.I., last*): _____
Current Home Address: _____
Years at this Address: _____
Rent/Lease/Own: _____
Current Home Phone: _____
Date of Birth (mo/day/yr): _____
Drivers License Number: _____
Social Security Number: _____
Email Address: _____

Company Information:

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

NOTE: If company is an entity other than proprietorship/general partnership, please attach financial statements (i.e. income statements (P&Ls) and balance sheets) for YTD and the preceding two (2) fiscal years; also, please be advised that leases with entities other than proprietorship/general partnership may require a guarantor.

Business Address: _____
Business Phone: _____ Fax: _____
How long at this Address: _____ Rent Lease Own
Landlord Name: _____
Landlord Phone Number: _____
Proposed Use: _____

Banking Information:

Bank Name: _____
Account Number: _____
Branch Address: _____
Branch Phone Number: _____

Contact Name: _____

Emergency Contact:

Name: _____

Address: _____

Phone Number: _____

Are there any suits or unpaid judgments now pending against you? Yes No

Have you ever voluntarily surrendered or had a vehicle or any other item repossessed? Yes No

Have you or your spouse ever been the subject of bankruptcy proceedings? Yes No

Have you ever applied for or obtained credit under another name? Yes No

Are you a U.S. Citizen? Yes No

If no, please give country of citizenship and visa status: _____

AUTHORIZATION IS HEREBY GRANTED TO LESSOR OR LESSOR'S AGENT TO OBTAIN INFORMATION REGARDING CHECKING ACCOUNTS, SAVINGS ACCOUNTS AND/OR OUTSTANDING CREDIT OR CREDIT RECORDS.

AUTHORIZATION IS FURTHER GRANTED TO LESSOR OR ITS AGENT TO USE A PHOTOCOPY OR FACSIMILE OF THE AUTHORIZED SIGNATURE BELOW TO OBTAIN INFORMATION REGARDING ANY OF THE AFOREMENTIONED ITEMS.

Signature: _____ Date: _____

<p style="text-align: center;">EQUITY COMMERCIAL REAL ESTATE SERVICES, INC.</p> <p style="text-align: center;">❖</p> <p style="text-align: center;">1203 FLYNN ROAD, SUITE 240, CAMARILLO, CALIFORNIA 93012 TELEPHONE: 805/384-9500 ❖ FACSIMILE: 805/384-1938</p>
