

Please fill out clearly
and include the \$35.00
application fee



Include a copy of your Drivers
License and Social Security card.
Include any relevant documents
(business plan, proof of funds, tax
returns etc...)

APPLICATION TO LEASE

Applicant's Name _____
 _____ First Middle Last/Maiden Name
 Date of Birth _____ Soc. Sec. No. _____ Driver's Lic. No. _____
 Phone #: _____ Cell Phone # _____ E-mail: _____

CASH IN HAND & BANKS

Name of Bank	Cash Balance	Address of Bank	Telephone No.	Name of Officer	Account No.
1.	\$				
2.	\$				
3.	\$				
4.	\$				
5.	\$				

REAL ESTATE

	Property #1	Property #2
Property Address		
Title, in whose name		
Cost	\$	\$
Current Market Value	\$	\$
Current Balance of First Loan	\$	\$
Monthly Payment – 1st Loan	\$	\$
Lender's Name		
Lender's Address		
Lender's Telephone No.		
Loan Number		



Loan Maturity Date		
Current Balance of Second Loan	\$	\$
Monthly Payment – 2nd Loan	\$	\$
Lender's Name		
Lender's Address		
Lender's Telephone No.		
Loan Number		
Loan Maturity Date		

AUTOMOBILES

Make	Model	Year	License Number	Current Value	Financed/Leased By	Telephone Number	Loan Number	Amount Owed	Monthly Payment
				\$				\$	\$
				\$				\$	\$
				\$				\$	\$

ACCOUNTS AND NOTES RECEIVABLE

Name of Debtor	Maturity Date	Face Value	Monthly Installment Payments	Balance Due	Description of Security
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

LIFE INSURANCE

Insurance Company	Beneficiary & Relationship	Type of Policy	Face Amount	Present Cash Surrender Value	Amount of Policy Loan	Annual Premium	Do you have a loan on the policy?
			\$	\$	\$	\$	

STOCKS, BONDS & SECURITIES

Name of Stock/Bond	Number of Shares/Bonds	Face Value	Cost	Market Value	Income Received Last Year	Are Shares/Bonds Pledged?
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	



LOANS PAYABLE

Name of Lender	Loan (or Guarantor) Balance	Maturity Date	Loan Number	Address of Lender	Telephone Number	Name of Contact Person
	\$					
	\$					
	\$					
	\$					

ACCOUNTS PAYABLE AND ACTIVE CREDIT CARDS

Name/Address	Account Number	Credit Limit	Amount Owing
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

MONTHLY INCOME (average)

Salary and/or Fees received \$ _____
 Bonus & Commissions \$ _____
 Dividends & Interest \$ _____
 Real Estate Net Income \$ _____
 Business Royalty Income \$ _____
 Other Income \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
TOTAL GROSS INCOME \$ _____

MONTHLY PAYMENTS (average)

Loan Payments \$ _____
 Rent/Lease \$ _____
 Taxes (income & property taxes) \$ _____
 Living Expenses \$ _____
 Guarantor Obligations \$ _____
 Unsatisfied Legal Claims/Judgment \$ _____
 Liability as an endorser or co-maker of notes \$ _____
 Other liabilities (alimony, child support, etc.) \$ _____
 _____ \$ _____
TOTAL EXPENSES \$ _____

Have you ever filed for bankruptcy (under Chapter 7, 11 or 13) either personally or as a partial owner of an entity? No Yes; If yes, please explain:

BUSINESS:

Are You: Relocating? Expanding? Starting a new business?

Name of Current Business _____ Type of Business _____

Street Address City State Zip Code Telephone No.

How long in business? _____ Gross Monthly Income _____



Landlord _____
Street Address City State Zip Code Telephone No.

Proposed business name at this location _____

Detailed description of business/services to be provided

List names of all major owners/directors of the organization:

Name Name Name

MARITAL STATUS:

Married _____ Divorced _____ Single _____ Separated _____ Widowed _____.

If married, please provide the following:

Spouse's Name _____
First Middle Last/Maiden Name

Birthdate _____ Soc. Sec. No. _____ Driver's Lic. No. _____

Spouse's Employer _____

Employed for how long _____

Company Name _____
Street Address City State Zip Code Telephone No.

Dependents Names and Ages: _____

RESIDENCE:

Street Address City State Zip Code Telephone No.

Own Rent Living with relatives How Long? _____ years, _____ months.

If rent:

Landlord Street City State Zip Manager Telephone No.

Former Residence

Street City State Zip Manager Telephone No.



EMPLOYMENT:

Employment history for last 10 years, beginning with your most current job.

1) From _____ to _____ Position _____ Type of Business _____

Company Name _____ Supervisor's Name _____

Street Address City State Zip Code Telephone No.
2) From _____ to _____ Position _____ Type of Business _____

Company Name _____ Supervisor's Name _____

Street Address City State Zip Code Telephone No.

EDUCATION:

Circle the last year of school completed:

High School: 9 10 11 12

College: 1 2 3 4

Graduate School: 1 2 3 4 5 6

College/Graduate School _____ Degree & Year Graduated _____

Have you ever been charged or convicted of a misdemeanor, felony or criminal charge, or pleaded nolo contendere to any charge, or been held liable in a civil action by final judgment, or been the subject of a material complaint or other legal proceedings? Have you ever been charged with civil action, complaint, fraud, embezzlement, fraudulent conversion, restraint of trade, unfair or deceptive practices, misappropriation of property, or comparable allegations? ___ Yes ___ No

If yes, please explain:

REFERENCES:

Attorney

Name Firm

Street Address City State Zip Code Telephone No.

Accountant

Name Firm

Street Address City State Zip Code Telephone No.



Trade References (Where you buy from):

1)

Name	Items Purchased	Known how long?		
Street Address	City	State	Zip Code	Telephone No.

2)

Name	Items Purchased	Known how long?		
Street Address	City	State	Zip Code	Telephone No.

3)

Name	Items Purchased	Known how long?		
Street Address	City	State	Zip Code	Telephone No.

I certify that the answers given on this application are true and correct and that I have withheld nothing that would, if disclosed, affect this application. I understand that investigative background inquiries are to be made on myself, including consumer credit, driving, civil, criminal, bank statements and verification of deposits and other reports, including various federal, state and other agencies which maintain records concerning my past activities relating to my background. These reports will include information about me and my financial information. I authorize release of any information deemed necessary by Landlord and its designated representative(s) to verify the enclosed information contained or any additional information.

Applicant's Signature	Date	Spouse's Signature	Date
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