

LEASE APPLICATION

NAME: _____
LAST FIRST MI

DATE OF BIRTH: ____/____/____ DRIVER'S LICENSE # _____

SOCIAL SECURITY # _____

PRESENT RESIDENCE: # _____ OF YEARS _____ OWN _____ RENT

STREET: _____

CITY / STATE / ZIP: _____

FORMER RESIDENCE (IF LESS THAN 2 YEARS AT PRESENT ADDRESS): # _____ OF YEARS _____ OWN _____ RENT

STREET: _____

CITY / STATE / ZIP: _____

MARITAL STATUS: _____ MARRIED _____ UNMARRIED

BUSINESS NAME: _____

DBA: _____ CURRENT PHONE: _____

CURRENT ADDRESS: _____

LEGAL ENTITY: _____ CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETOR _____ OTHER

OFFICER / PARTNER / OWNER INFORMATION: Note: Give complete information for all officers / partners / owners.

FULL NAME: _____

DATE OF BIRTH: _____ HOME ADDRESS: _____

PHONE NUMBER: _____ SOCIAL SECURITY # _____ PERCENT OF EQUITY _____

FULL NAME: _____

DATE OF BIRTH: _____ HOME ADDRESS: _____

PHONE NUMBER: _____ SOCIAL SECURITY # _____ PERCENT OF EQUITY _____

FULL NAME: _____

DATE OF BIRTH: _____ HOME ADDRESS: _____

PHONE NUMBER: _____ SOCIAL SECURITY # _____ PERCENT OF EQUITY _____

FEDERAL TAX I.D. # _____ DATE BUSINESS ESTABLISHED: _____

TYPE OF BUSINESS _____

REASON FOR RELOCATION _____

PROPERTY ADDRESS APPLYING FOR: _____

NAME OF PARENT COMPANY: _____

ADDRESS OF PARENT COMPANY : _____
STREET CITY STATE ZIP

BUSINESS ADDRESS: Note: Please give complete information for the preceding 5 years.

CURRENT: _____
STREET CITY STATE ZIP

LESSOR: _____ CONTACT: _____ PHONE _____

SPACE OCCUPIED: _____ (Sq Ft) MONTHLY LEASE AMOUNT _____ TERM OF LEASE _____

PREVIOUS: _____
STREET CITY STATE ZIP

LESSOR: _____ CONTACT: _____ PHONE _____

SPACE OCCUPIED: _____ (Sq Ft) MONTHLY LEASE AMOUNT _____ TERM OF LEASE _____

PRIOR: _____
STREET CITY STATE ZIP

LESSOR: _____ CONTACT: _____ PHONE _____

SPACE OCCUPIED: _____ (Sq Ft) MONTHLY LEASE AMOUNT _____ TERM OF LEASE _____

BUSINESS FINANCIAL INFORMATION

BUSINESS CREDIT ACCOUNTS OR TRADE REFERENCES:

NAME _____ PHONE _____

ADDRESS _____
STREET CITY STATE ZIP

NAME _____ PHONE _____

ADDRESS _____
STREET CITY STATE ZIP

NAME _____ PHONE _____

ADDRESS _____
STREET CITY STATE ZIP

BUSINESS BANK ACCOUNTS:

BANK NAME _____ BRANCH _____ PHONE _____

ADDRESS _____
STREET CITY STATE ZIP

ACCOUNT # _____ TYPE OF ACCOUNT _____ CONTACT _____

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BUSINESS DECLARATIONS

Has this business, its officers, partners, or owners ever been delinquent in payment on any financial obligation? _____ YES _____ NO

Has this business, its officers, partners, or owners ever been a defendant in an unlawful detainer and/or breach of contract lawsuit? _____ YES _____ NO

I / WE HEREBY AUTHORIZE VOIT REAL ESTATE SERVICES AND THE LANDLORD OR PROPERTY OWNER TO VERIFY ALL INFORMATION ON THIS APPLICATION BY CONTACTING THE SOURCES LISTED HEREIN OR ANY OTHER SOURCES AVAILABLE. I / WE UNDERSTAND THAT INFORMATION THAT DOES NOT VERIFY, OR CANNOT BE VERIFIED, MAY RESULT IN THIS APPLICATION NOT BEING APPROVED. I / WE HEREBY GIVE PERMISSION TO PERFORM THE STANDARD CREDIT CHECK.

APPLICANT: _____ TITLE _____

DATE _____

Your financial information

List assets and liabilities for both you and your co-applicant. If married, we will assume all assets are community property and all debts are community obligations unless you indicate otherwise. Attach a separate sheet if you need more space.

| ASSETS | | LIABILITIES | | |
|---|----------------------|--|-------------------------------------|----------------|
| Description | Cash or market value | Creditors' names, addresses, account numbers | Monthly payment/ months left to pay | Unpaid balance |
| Checking & Savings Accounts (name of institution and account number) | | Debts (including "revolving" charge accounts) | \$ Payments/Months | \$ |
| (Checking) | \$ | | / | \$ |
| (Checking) | \$ | | / | \$ |
| (Savings) | \$ | | / | \$ |
| (Savings) | \$ | | / | \$ |
| IRA/Keogh | \$ | | / | \$ |
| Stocks and bonds (attach schedule) | \$ | | / | \$ |
| Life insurance (net cash value) | \$ | Other liabilities | / | \$ |
| Real estate owned: | \$ | Real estate loans | / | \$ |
| | \$ | Second mortgage | / | \$ |
| Auto (make and year) | \$ | Auto loan | / | \$ |
| Auto (make and year) | \$ | Auto loan | / | \$ |
| Vested interest in retirement fund | \$ | Property taxes and hazard insurance premiums | | X |
| Furniture and personal property | \$ | Homeowners' association dues | | |
| Net worth of business owned | \$ | Rent or space rent | | |
| Other asset | \$ | Alimony, child support & separate maintenance | | |
| Total assets | \$ | Total liabilities | \$ | \$ |

Show any other names under which you have obtained credit: _____

If the answer to any of these questions is "yes" please explain circumstances on an attached sheet.

1. Have you declared bankruptcy in the last ten years? Yes No
2. Have you had any voluntary or involuntary repossessions within the last seven years? Yes No
3. Have you had any property foreclosed upon, including deed-in-lieu, within the last seven years? Yes No
4. Do you have any unpaid debts over \$1,000 with any financial institution, including retail credit cards or student loans, that were settled for less than the balance owed or charged? Yes No

Agreement

By signing below, you certify that all the information you've given or will give with this application is true and complete. You authorize us to verify all your statements with any source, obtain credit and employment history, and exchange information with others about your credit and account experience with us. You agree to provide additional information that we may require to process this application, including but not limited to true and complete federal income tax returns, employment verification and income verification.

X _____
Applicant's signature Date

X _____
Co-applicant's signature Date