

TENANT INFORMATION

PLEASE COMPLETE FORM ENTIRELY AND PRINT CLEARLY.

Tenant Name: \_\_\_\_\_  
(First) (Middle) (Last)

Name of Business: \_\_\_\_\_

Unit Applying For: \_\_\_\_\_

Proposed Use of the Premises: \_\_\_\_\_

Type of Company: ( ) Sole Proprietorship ( ) Partnership ( ) Corporation ( ) Limited Liability Co.

State where incorporated: \_\_\_\_\_

Date Incorporated: \_\_\_\_\_

REQUIRED INFORMATION: (Please fill entirely, including information on all partners and Corporate Officers. If additional space is required, please attach an additional sheet. Include all addresses for the past five years).

1) Name/Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Time at this Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers Lic. #/ State: \_\_\_\_\_

2) Name/Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Time at this Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers Lic. #/ State: \_\_\_\_\_

IF INCORPORATED, PLEASE LIST REGISTERED AGENT:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

CHECKING ACCOUNT: (Please list all additional checking accounts, both personal and Company, on a separate sheet, including all the information requested).

Personal

Business

Bank and Branch: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone #: \_\_\_\_\_

Account #: \_\_\_\_\_

Present Balance: \_\_\_\_\_

Date Opened: \_\_\_\_\_

EMERGENCY CONTACT #1:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

EMAIL to: [CLALLIER@ESCONDIDOENTERPRISES.COM](mailto:CLALLIER@ESCONDIDOENTERPRISES.COM)

OR TEXT TO: (909) 923-2469

EMERGENCY CONTACT #2:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Last Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Prior Rent Amount: \$ \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Landlord's Email: \_\_\_\_\_ Length of Time at Location: \_\_\_\_\_

REAL ESTATE – HOME MORTGAGE (If more than one property is owned, please list properties on a separate sheet, including all information requested)

Mortgage Holder: \_\_\_\_\_

Property Address: \_\_\_\_\_

Approximate Property Value: \_\_\_\_\_ Payment: \_\_\_\_\_

Date Property Purchased: \_\_\_\_\_

AUTOMOBILES OWNED

Make/Year Model: \_\_\_\_\_ License #: \_\_\_\_\_

Loan Amount: \_\_\_\_\_ Lender: \_\_\_\_\_ Approx. Value: \_\_\_\_\_

TRADE REFERENCES

Company	City	Contact Name	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INSURANCE: (Please note that the lease requires liability insurance be carried in the amount of \$1,000,000 and that the Landlord and the Management Company be named as separate additional insured parties)

Insurance Company: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Does your company have a financial statement for the last year? \_\_\_\_\_

I hereby authorize the landlords or the management company to obtain a credit report from any of the above listed "credit references". I also authorize landlords or the management company to obtain a consumer credit report on the undersigned and to verify the information disclosed. I understand that this authorization will not create any obligation which I do not already have and will not increase any existing obligation.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND HEREBY GRANT PERMISSION TO VERIFY ALL INFORMATION AND TO OBTAIN A CREDIT REPORT(S).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date