

## LEASE APPLICATION

Note: Please print clearly

PART I: TENANT INF	ORMATION									
A. BUSINESS	NAME									
DBA		CURRENT PHONE								
B. LEGAL ENTITY		Corporation	Corporation Sole Proprietorship							
_,,		Partnership								
	4.D.T.V.E.D./ .0.	WALES DIESSIA FISH		_						
PART II: OFFICER/ PARTNER/ OWNER INFORMATION  Note: Please give complete information for all officers/partners/owners - Use additional paper if necessary										
FULL NAME	POSITION	HOME ADDRESS		Hm Phone	Social Sec. #	% Equity				
						72 = 40.39				
A. FEDERAL TAX I.D. #	<u> </u>	B. DATE BUSIN	IESS	ESTABLISHE	D					
	A. FEDERAL TAX I.D. # B. DATE BUSINESS ESTABLISHED  C. TYPE OF BUSINESS									
DART III BUONEGO	4 DDDE 005									
PART III: BUSINESS ADDRESSES  Note: Please give complete information for the preceding five years - Use additional paper if necess										
CURRENT ADDRESS_										
Landlord	Address	- ,	St	ate	Zip					
Term of Lease	Term of Lease Monthly Lease Amount									
Length of Occupancy										
PART IV: BUSINESS	DECLARAT	IONS								
	•	rtners, or owners ever been	delind	quent in payr	nent of any finar	ncial				
obligation? (If yes, please explain)										
B. Has this business, its officers, partners, or owners ever been a defendant in an unlawful detainer										
and/or breach of contract lawsuit? (If yes, please explain.)										
L/We bereby outborize Landlard and ar its agents to verify all information on this application by										
I / We hereby authorize Landlord and or its agents 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.										
Applicant		Title			Date					
1, 1,,										

PART V: PERSONAL	PROFILE								
Name	Age		DOB		Soc. Sec. #				
Street Address	City	Stat	e Zip	ı	How long at ad	ldress? Yrs. Mos.			
Home Phone ( )			Own	☐ Rent [	Other	Years with Company			
☐Married ☐ Unmarried (Includes single, divorced and widowed) ☐ Separated									
Number of Dependents			Ages of D	Dependents					
Spouses Name			DOB		Spouses Soc.	Sec. #			
Spouse Employed By			Spouses Occupation			Spouses Work Phone ( )			
How long with Employer? (Spouse) Yrs. Mos.									
Please Estimate TOTAL ASSETS									
Please Estimate	stimate TOTAL LIABILITIES								
	NET WORTH (Total Assets minus Total Liabilities)								
	TOTAL	(To	(Total Liabilities plus Net Worth)						
YES									
	RE DA	ΙΈ	SPOUS	SE'S SIGNA	TURE	DATE			