

Lessor: _____

"APPLICATION TO LEASE"

Lessee: _____ (TRADE NAME)

Individual applications are required from each party executing Lease.

Name of Guarantor: _____

Social Security No.: ____/____/____

Drivers License No.: _____

Date of Birth: ____/____/____

Home Phone: () _____

Business Phone: () _____

1	ADDRESS	CITY	ZIP	OWNER/MGR	PHONE	FROM	TO
	Present						
	Reason for moving						
	Previous						
Reason for moving							

2	PRESENT OCCUPATION		PRIOR OCCUPATION	
	Occupation			
	Employer			
	Business Address			
	Business Phone			
	Name & Title of Superior			
	Current Salary Per Month	How Long?	How Long?	

3	NAME OF BANK	BRANCH ADDRESS	ACCOUNT NUMBERS	
			CKNG	
			SVNG	
			CKNG	
		SVNG		

4	CREDITORS NAME	ACCT#	MO.PYMT.AMT.

5	In case of emergency, notify:	ADDRESS	PHONE	CITY	RELATIONSHIP
	1				
	2				

6	Automobile --- Make _____ Model _____ Year _____ License Number _____
	Automobile --- Make _____ Model _____ Year _____ License Number _____

7 Applicant represents that statements above made as true and correct and hereby authorizes, by Lessee and/or Lessor Representative, the verification of references to include, but not limited to, credit checks, unlawful detainer checks & telecredit checks and agrees to furnish additional credit references on request. The undersigned makes application to Lease Rental Suite designated as:

Signature _____ **Located At:** _____

Date _____