

PERSONAL TENANT INFORMATION SHEET & LEASE APPLICATION

Please answer all questions using "No" or "None" where necessary.

PROPERTY _____

| CUSTOMER INFORMATION | | | | | | | | | | |
|--|--|-------------------------------------|----------------------|--|---------------------------------|---|----------------|----------------------|-----------------------------|----------|
| PRINT FULL NAME | | | DATE OF BIRTH | | SOCIAL SECURITY NO. | | | DRIVER'S LICENSE NO. | | STATE |
| COMPANY / BUSINESS NAME | | | | | | TAX I.D. # | | | | |
| COMPANY BUSINESS ADDRESS | | | | BUSINESS TELEPHONE # | | | BUSINESS FAX # | | | |
| PRESENT HOME ADDRESS | | | | APT HOME MOBILE HOME | CITY | | | STATE | ZIP CODE | HOW LONG |
| HOME PHONE | | IN WHOSE NAME TELEPHONE / UTILITIES | | | WHOSE NAME ON LEASE (IF RENTED) | | | MESSAGE / CELL NO. | | |
| LANDLORD / MORTGAGE COMPANY | | NAME | | | ADDRESS | | | PHONE NO. | MONTHLY PAYMENT \$ _____ | |
| PREVIOUS ADDRESS (IF LESS THAN 3 YRS AT ABOVE) | | | | HOW LONG ____y ____M | | ADDRESS ON LICENSE (IF DIFFERENT THAN CURRENT) | | | EMAIL ADDRESS | |
| AUTO MAKE & MODEL | | | YEAR | COLOR | LICENSE PLATE NO. | | | STATE REGISTERED | | |
| AUTO FINANCED THROUGH | | | | | | PAYMENT AMOUNT \$ _____ PAID WEEKLY PAID MONTHLY | | | | |
| BANK ACCOUNT PERSONAL | | NAME OF BANK | | | | CHECKING ACCT. NO | | | | |
| | | BRANCH NAME | | | | SAVINGS ACCT. NO | | | | |
| | | BANK ADDRESS | | | | | | | | |
| BANK ACCOUNT COMPANY / BUSINESS | | NAME OF BANK | | | | CHECKING ACCT. NO | | | | |
| | | BRANCH NAME | | | | SAVINGS ACCT. NO | | | | |
| | | BANK ADDRESS | | | | | | | | |
| HAVE YOU EVER LEASED COMMERCIAL PROPERTY BEFORE? Y N IF YES, LENGTH OF TENANCY ____ YEARS ____ MONTHS | | | | | | | | | | |
| PREVIOUS LANDLORD INFO | | | | | | | | | | |
| COMPANY / REP _____ ADDRESS _____ | | | | | | | | | | |
| SOURCE OF INCOME | | | | | | | | | | |
| EMPLOYER (IF NONE, SOURCE OF INCOME) | | | JOB TITLE / POSITION | | | HIRE DATE | | SHIFT / BUS. HRS. | | |
| EMPLOYER ADDRESS | | | INCOME \$ _____ | DATES PAID WEEK EV. 2 WEEKS MONTH | | SUPERVISOR | | PHONE NO. | | |
| CREDIT / PERSONAL REFERENCES | | | | | | | | | | |
| CREDIT REFERENCES (INCLUDE FINANCE COMPANIES, BANKS, MORTGAGE HOLDERS, ETC.) | | | | | | | | | | |
| NAME OF CREDITOR | | | | ADDRESS | | | TELEPHONE | | | |
| 1. _____ | | | | | | | | | | |
| 2. _____ | | | | | | | | | | |
| 3. _____ | | | | | | | | | | |
| PERSONAL REFERENCES | | | | | | | | | | |
| NAME | | | ADDRESS | | | TELEPHONE | | | | |
| 1. _____ | | | | | | | | | | |
| 2. _____ | | | | | | | | | | |
| 3. _____ | | | | | | | | | | |

