

APPLICATION TO LEASE

Please complete the following questions as thoroughly as possible.

All information will be kept strictly confidential.

Contact: Stephen Kim

(cell) 949 400 7279 (fax) 213 489 1918 (Email) skim@rosanopartners.com

NAME & ADDRESS OF SHOPPING CENTER: _____

TYPE OF BUSINESS PROPOSED: _____

NAME OF APPLICANT :

FIRST _____

MIDDLE _____

LAST: _____

HOME NUMBER: () _____ - _____ BUSINESS NUMBER: () _____ - _____

HOME ADDRESS

NUMBER & STREET

CITY

STATE

ZIP

Years

Present Address: _____

Previous Address: _____

Do you own your own business now? YES _____ NO _____

If YES, please give the following information:

NAME OF BUSINESS: _____ LENGTH OF TIME IN BUSINESS: _____

ADDRESS OF BUSINESS: _____

LANDLORD (If Applicable): _____ Phone Number: () _____

ARE YOU: a) Relocating present business? YES _____ NO _____

 b) Expanding present business? YES _____ NO _____

 c) Starting a new business? YES _____ NO _____

Do you have a Business Bank Account? YES _____ NO _____ Attach copy of most recent statement.

If YES, please give the following information:

NAME OF BANK: _____ NAME OF ACCOUNT: _____

ADDRESS OF BANK: _____ ACCOUNT NUMBER: _____

TRADE REFERENCES:

1. Name: _____ Phone Number: () _____

Address: _____ Account Number: _____

2. Name: _____ Phone Number: () _____

Address: _____ Account Number: _____

3. Name: _____ Phone Number: () _____

Address: _____ Account Number: _____

CREDIT HISTORY

HOME PHONE: _____ BUSINESS PHONE: _____ SOCIAL SECURITY #: _____ DRIVER LICENSE#: _____ DATE OF BIRTH: _____
() _____ - _____ () _____ - _____ _____ - _____ - _____ _____ - _____ - _____

HOME ADDRESS: _____ TIME IN RESIDENCE: _____ (YRS/MONTHS)
DO YOU: OWN _____ RENT _____

PLEASE GIVE THE FOLLOWING INFORMATION: MONTHLY PAYMENTS: \$ _____
MORTGAGOR/LANDLORD NAME: _____
ADDRESS: _____

PRESENT EMPLOYMENT INFORMATION:

EMPLOYER/COMPANY: _____ SELF-EMPLOYED: YES _____ NO _____
COMPANY/STORE ADDRESS: _____ PHONE NUMBER: () _____ - _____
LENGTH OF EMPLOYMENT/OWNERSHIP: _____ (YRS/MONTHS) MONTHLY GROSS INCOME: \$ _____
JOB TITLE (If Applicable): _____

MARITAL STATUS: _____ (If married, give the following information on spouse)
NAME: _____
(First) (Init) (Last)

SOCIAL SECURITY #: _____ - _____ - _____ DATE OF BIRTH: _____ - _____ - _____ DRIVERS LICENSE# _____
EMPLOYER/JOB TITLE: _____ LENGTH OF EMPLOYMENT: _____
ADDRESS: _____ MONTHLY GROSS INCOME: \$ _____

AUTOMOBILES OWNED: #1 - MAKE _____ YEAR _____ LICENSE # _____
#2 - MAKE _____ YEAR _____ LICENSE # _____

Attach copy of most recent statement

PERSONAL BANK ACCOUNTS

<u>BANK NAME</u>	<u>BRANCH/ADDRESS</u>	<u>CHECKING/SAVINGS</u>	<u>ACCOUNT #</u>
_____	_____	_____	_____
_____	_____	_____	_____

CREDIT REFERENCES

<u>TYPE OF LOAN</u>	<u>NOTE HOLDER</u>	<u>ADDRESS</u>	<u>LOAN #</u>	<u>MO. PMTS</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ACTIVE CREDIT CARDS

<u>NAME</u>	<u>ACCOUNT #</u>	<u>NAME</u>	<u>ACCOUNT #</u>
_____	_____	_____	_____
_____	_____	_____	_____

I (We), the undersigned, do hereby authorize Landlord and its designated representative(s) to make whatever inquiries regarding my financial status, as indicated on the foregoing Credit History application, found necessary and appropriate, for the purpose of the evaluation of my Application to Lease. Further, I authorize Landlord and its designated representative(s) to provide credit information regarding your credit experience with me when applicable.

PLEASE ATTACH COPY OF DRIVER'S LICENSE, SOCIAL SECURITY CARD, UTILITY BILL AND BANK STATEMENT.

Applicant Signature _____ (Date) _____ Spouse's Signature _____ (Date) _____

For Office Use Only

Years on lease _____ Total Sq. Ft. _____ Amount per Sq. Ft. \$ _____ Free Months _____
Date App. Received _____ Date App. Process _____ Check one: Approved Denied & Date: _____