

# COMMERCIAL RENTAL APPLICATION

**Note: Please print legibly or use typewriter and answer each question completely.**

## SECTION I - PERSONAL INFORMATION

PERSONAL INFORMATION					
First Name	Middle	Last			
Other Name(s) Used (ie Maiden Name )					
( ) - Mobile Telephone Number or Pager	( ) - Home Telephone Number	( ) - Work Telephone	Extension		
Current Address (Residence)	Apt/Unit #                      City	State                      Zip	How Long?		
Date of Birth	Social Security Number	Driver's License Number / Expiration			
Vehicle Make (Nissan, Ford, etc.)	Year                      Model                      Color	Vehicle License Plate #			
Current Employer (Name & Telephone #)	Address		Monthly Income		
SPOUSE INFORMATION					
First Name	Middle	Last			
Other Name(s) Used (ie Maiden Name )					
Date of Birth					
Social Security Number		Driver's License Number / Expiration			
Vehicle Make (Nissan, Ford, etc.)	Year                      Model                      Color	Vehicle License Plate #			
PREVIOUS ADDRESSES (Residence)					
Reason for vacating?					
Previous Address (Residence)	Apt/Unit #                      City	State	Zip		
Length of Occupancy	Landlord's Name & Telephone #		Monthly Rent		
Reason for vacating?					
Previous Address (Residence)	Apt/Unit #                      City	State	Zip		
Length of Occupancy	Landlord's Name & Telephone #		Monthly Rent		
Reason for vacating?					
PERSONAL BANK ACCOUNTS					
Name of Bank	Account Number	Checking or Savings?	Joint Ownership w/Spouse	Current Balance	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
SECURITIES OWNED (If Broker's statement attached, leave blank)					
No. Shares or Bond Amount	Securities Description	Registered Owner(s)	Pledged	Where Quoted	Present Market Value
			Yes No		

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PERSONAL FINANCIAL STATEMENT					
Assets of Applicant	Amount	Joint Ownership w/Spouse	Liabilities of Applicant	Amount	Joint Ownership w/Spouse
Cash in Bank Accounts		<input type="checkbox"/> Yes <input type="checkbox"/> No	Total Rrevolving Credit (Balances owed on credit cards or credit lines)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Stock/Bonds/Mutual Funds (Include copies of broker's statement)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Total Installment Loans (Auto/personal or other monthly pymt. loans)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Retirement Accounts (IRA, SEP, KEOGH, 401-K)		<input type="checkbox"/> Yes <input type="checkbox"/> No	1st Mortgage on Residence		<input type="checkbox"/> Yes <input type="checkbox"/> No
Residence Market Value		<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Mortgages on Residence (Include loans or equity lines of credit)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Real Estate Market Value (Total from schedule on next pg.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage(s) on other Real Estate (Total from schedule on next page)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicles (Please describe)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Liabilities (Please describe)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Assets (Please describe)		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Assets (Please describe)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Contingent Liabilities (Please describe)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Assets (Please describe)		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Assets		<input type="checkbox"/> Yes <input type="checkbox"/> No	Total Liabilities		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own 25% or more of another company?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name (Please attach tax returns for all)		

## REAL ESTATE HOLDINGS (Attached separate schedule for additional properties)

Property Type:	SF=Single Family	MF=Multi-Family	C=Commercial/Industrial	L=Land/Acreage
Property Type	<input type="checkbox"/> SF	<input type="checkbox"/> MF	<input type="checkbox"/> SF <input type="checkbox"/> MF <input type="checkbox"/> C	<input type="checkbox"/> L <input type="checkbox"/> SF
Percentage of Ownership	%		%	
Co-Owned with Spouse (indicate yes or no)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property Address City, State, Zip Code				
Date Purchased				
Purchase Price				
Estimated Market Value				
1st Mortgage Balance				
Lender				
Payment 1st Mortgage				
All Other Mortgages/Liens (include loans or equity lines of credit)				
Lender				
Payments on Other Mortgages				
Annual Property Taxes/Insurance				
Gross Monthly Rent				

## GENERAL INFORMATION (If married, these questions apply to both you and your spouse)

Have you ever filed for bankruptcy?	YES	NO
Have you ever been a principal or guarantor of a firm that declared bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
Are any assets held in Trust? If yes, please include a copy of the first and last page of the Trust Agreement.	<input type="checkbox"/>	<input type="checkbox"/>
Are you party to any claims or lawsuits?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a co-signer or guarantor of any other debt?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently an executive officer or on the Board of Directors of any Bank, Thrift or S & L?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please describe:

## SIGNATURES

The signer(s) certifies that the above (attached) statement and supporting schedules, including all federal tax returns, prepared by or for the undersigned, are a complete and true statement of the financial condition of the undersigned on the date indicated. The signer(s) authorizes ADR/Preferred Business Properties to obtain consumer and/or business reports including inquiries to the Internal Revenue Service or the Franchise Tax Board, in their names as individuals at any time.

X \_\_\_\_\_ X \_\_\_\_\_  
 Applicant's Signature Date Spouse's Signature Date

# COMMERCIAL RENTAL APPLICATION

## SECTION II - BUSINESS INFORMATION

COMPANY INFORMATION				
Company Name (Include DBA's)				
Company telephone and fax numbers (include area code)			Federal Tax-I.D. #	
Is Company a corporation, partnership or sole proprietorship?			Type of business	
Number of employees			Liquor License # Business License #	
Name and address of parent company (if applicable)			Date business began	
OFFICER/PARTNER/OWNER INFORMATION				
<i>Please give complete information for all officers/partners/owners - Use additional paper if necessary.</i>				
Full Name	Position/Title	Social Security #	% Equity	Home Phone Number
Home Address	City	State	Zip	Driver's Lic.# and Expiration
Full Name	Position/Title	Social Security #	% Equity	Home Phone Number
Home Address	City	State	Zip	Driver's Lic.# and Expiration
Full Name	Position/Title	Social Security #	% Equity	Home Phone Number
Home Address	City	State	Zip	Driver's Lic.# and Expiration
BUSINESS ADDRESSES				
Current Business Address	City	State	Zip	Telephone #
How long at present address?	Landlord's Name & Telephone #		Monthly Rent	
Previous Business Address	City	State	Zip	
Length of Occupancy	Landlord's Name & Telephone #		Monthly Rent	
Reason for vacating?				
Previous Business Address	City	State	Zip	
Length of Occupancy	Landlord's Name & Telephone #		Monthly Rent	
Reason for vacating?				
BUSINESS CREDIT REFERENCES				
Name	Address	City	State	Zip
Telephone #	Account Number			
Name	Address	City	State	Zip
Telephone #	Account Number			
Name	Address	City	State	Zip
Telephone #	Account Number			

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## BUSINESS BANK ACCOUNTS

Bank Name	Address	City	State	Zip
Telephone #	Account Number	Bank Branch		
Bank Name	Address	City	State	Zip
Telephone #	Account Number	Bank Branch		

### **SECTION III — BUSINESS DECLARATIONS**

1. Has this business, its officers, partners, or owners ever been delinquent in payment of any financial obligation?  
 (If yes please explain.) \_\_\_\_\_

2. Has this business, its officers, partners, or owners ever been a defendant in an unlawful detainer lawsuit?  
 (If yes -please explain.) \_\_\_\_\_

I/We hereby authorize ADR/Preferred Business Properties 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, and that the \$\_\_\_\_\_ fee paid for verification of this application is a non-refundable fee, regardless of whether or not this application to rent is approved or denied.

Date \_\_\_\_\_ Applicant \_\_\_\_\_  
Name

Date \_\_\_\_\_ Applicant \_\_\_\_\_  
Name

## NOTICE OF PRIVACY POLICY

**This privacy policy applies to ADR/Preferred Business Properties; We respect the individual privacy of consumers and we collect non-public personal financial information about you from a variety of sources, such as the following:**

- ▶ **Information we receive from you, such as information on applications or other forms.**
- ▶ **Information about your transactions or experiences with us, our affiliates, or others.**
- ▶ **Information we receive from outside agencies, such as consumer reporting agencies providing your credit history, tenancy history or employment verification.**

**We do not disclose any non-public personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your non-public personal information.**