

COMMERCIAL LEASE APPLICATION

Landlord/Lessor: Sandra Properties Inc. Date of Application: _____
Location of Leased Premises: 539 N. Lincoln Way, Galt, CA 95632
Center _____ Suite # _____ S.F. _____

Business Name: _____

Name of Person who will sign lease: _____

Person 1: _____
(First) (Middle) (Last)

Street Address: _____

City _____ State _____ Zip _____

Phone Number (Work): () _____

Phone Number (Home): () _____

Phone Number (Mobile): () _____

E-mail Address: _____

Driver's License No. _____ State of Issuance: _____

Social Security Number: _____ Date of Birth: _____

Is your business a corporation, LLC or other entity? Yes No

- If yes, what form of business entity? _____

- Federal Tax ID Number: _____

- State in which entity formed? _____

- Names of Person(s) who will Guarantee Lease

- **Person 1:** _____

- Person 2 _____

(Will need to fill out a separate form unless married)

Proposed use of premises? _____

Experience in business (please describe): _____

Rent Own Rent/Payment

Conditions and Information

All pages of this lease application must be signed by all persons who will sign the lease agreement. Additional tenant information is on page 2.

The completing of this application by Tenant and the acceptance of this application by Landlord creates no obligation of Landlord to approve the application.

This application will be approved or rejected usually within five (5) days of being submitted to landlord. However, there is no obligation of Landlord to notify tenant unless the application is approved.

If this application is approved, Tenant must make the security deposit and sign the lease before the tenancy begins.

The information provided herein shall be kept confidential and will only be used by Landlord, and its agents to determine approval of Tenant's application.

For Landlord's Use Only

Rent Amount:
Deposit:
Date Lease to begin:
End of Lease:

COMMERCIAL RENTAL HISTORY

Present Address: _____

Rent Own Rent/Payment _____ From/To: _____

Previous Address: _____

(Continued on Page 2)

By your signature hereon, you agree that the information disclosed by you herein is true, complete and accurate to the best of your knowledge, and you agree that the information disclosed by you herein is material to the potential Lessor's decision with respect to granting or denying your application to enter into a lease.

Signed: _____

Date: _____

CREDIT REFERENCE (current or former landlords, banks, vendors, etc.)

Name: _____
Address: _____
City State Zip _____
Contact: _____ Phone: _____

CURRENT MONTHLY INCOME

Name/Source	Amount	Name/Source	Amount
_____	_____	_____	_____
_____	_____	_____	_____

CURRENT MONTHLY EXPENSES

Creditor	Amount	Creditor	Amount
_____	_____	_____	_____
_____	_____	_____	_____

ASSETS	VALUE	SOURCE	LIABILITIES	AMOUNT	CREDITOR
Cash on Hand & in Banks			Accounts Payable		
Savings Accounts			Notes Payable to Banks		
IRA/Retirement Accounts			Auto Payments		
Accounts Receivable			Other Installment Accounts		
Insurance Cash Surrender			Loans on Life Insurance		
Stocks & Bonds			Mortgages on Real Estate		
Real Estate			Unpaid Taxes		
Automobiles			Other Liabilities		
Other Personal Property			Other Liabilities		
Other Assets					
Other Assets			TOTAL LIABILITIES:		
Other Assets					
TOTAL ASSETS:			NET WORTH:		

CONSENT TO CREDIT CHECK

I, _____, the undersigned applicant(s) authorize landlord, _____, or his/her/their agent to order and review my/our credit and criminal history and investigate the accuracy of the information contained in the application. I/We further authorize all banks, employers, creditors, credit card companies, references, and any and all other persons to provide to Landlord any and all information concerning my/our credit.

Signed: _____

Date: _____