

TENANT APPLICATION 1511 W. Holt, Ontario, Unit _____
Please fill out completely and fax to 714-538-6933

NAME (S) _____

DOB _____ SS# _____

DL# _____ PH# _____ MOBILE # _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRIOR ADDRESS _____

SPOUSE'S NAME _____

SPOUSE'S DOB _____ SS# _____

COMPANY NAME _____ OWNERSHIP TYPE:
 CORP _____ PARTNERSHIP _____ INDIVIDUAL _____

OWNER'S NAME _____ TITLE _____

OWNER'S NAME _____ TITLE _____

OWNER'S NAME _____ TITLE _____

PRESENT ADDRESS _____ HOW LONG _____

TYPE OF BUSINESS _____ HOW LONG _____

PRESENT LANDLORD _____ PHONE # _____

LANDLORD'S ADDRESS _____

INSURANCE AGENT _____ PHONE # _____

AGENT'S ADDRESS _____

REFERENCES

SUPPLIERS: NAME	PHONE	TYPE	YEARS	HIGH BAL	PAYMENT RECORD
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BANKS:

NAME OF ACCOUNT HOLDER AND ACCOUNT NUMBER	TYPE OF ACCT	DATE OPENED	AVERAGE BALANCE	CONTACT
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CREDITY AUTHORIZATION

I/WE HEREBY AUTHORIZE THE RELEASE OF ANY INFORMATION REQUIRED TO COMPLETE THE PROCESSING OF LEASE REQUESTED. I/WE AUTHORIZE CITY PROPERTIES TO OBTAIN CREDIT REPORTS PURSUANT TO THIS APPLICATION AT ANY TIME AND AT LANDLORD'S EXPENSE AS WELL AS ANY OTHER INFORMATION IN THIS APPLICATION. WE AGREE TO WAVE LIABILITY OF THE CREDIT BUREAU AND ALL AGENTS THEREOF. AUTHORIZATION IS FURTHER GRANTED TO CITY PROPERTIES/GREG JOHNSON TO USE A PHOTOSTATIC COPY OF MY SIGNATURE BELOW, TO OBTAIN THE AFOREMENTIONED INFORMATION.

SIGNATURE: _____ DATE _____

SIGNATURE: _____ DATE _____

SIGNATURE: _____ DATE _____