



155 Cadillac Drive, Suite 100
 Sacramento, CA 95825
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APPLICATION FOR LEASE

(PLEASE PRINT OR TYPE)

FIRM NAME	CURRENT ADDRESS	CITY	STATE	ZIP		
EMAIL ADDRESS						
DESCRIPTION OF BUSINESS		LENGTH OF TIME IN BUSINESS		TELEPHONE ()		
LANDLORD OR MANAGEMENT CO.		OK TO CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO		CONTACT PERSON		
ADDRESS	CITY	STATE	ZIP	TELEPHONE ()		
TYPE OF BUSINESS <input type="checkbox"/> CORPORATAION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETIER			CONTRACTORS LIC. #			
			TAXPAYER I.D. #			
OFFICERS OR PARTNER'S NAME(S) & ADDRESS(ES)		TITLE	SOCIAL SECURITY #	TELEPHONE		
1.						
2.						
3.						
BUSINESS BANK ACCOUNTS						
NAME OF BANK	BRANCH	CONTACT PERSON	PHONE #	CITY	STATE	TYPE OF ACCOUNT AND NUMBER
						<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN #
						<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN #
						<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN #
BUSINESS CREDIT REFERENCES						
NAME OF CREDITOR	CITY	STATE	PHONE	ACCOUNT #		
			()			
			()			
			()			
			()			

PERSONAL INFORMATION

LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY #	BIRTHDATE	TELEPHONE
HOME ADDRESS	CITY	STATE	ZIP	[] OWN [] RENT	HOW LONG
PREVIOUS ADRESS (if at current address less than 2 yrs)		CITY	STATE	ZIP	HOW LONG?
CURRENT EMPLOYER		POSITION		HOW LONG?	SALARY
ADDRESS	CITY	STATE	ZIP	TELEPHONE	
SUPERVISOR, NAME & TITLE					
PREVIOUS EMPLOYER		POSITION		HOW LONG?	SALARY
ADDRESS	CITY	STATE	ZIP	TELEPHONE	
SUPERVISOR, NAME & TITLE					

PERSONAL BANK ACCOUNTS

NAME OF BANK	BRANCH	CITY	STATE	ACCOUNT #
1.				
CONTACT PERSON			PHONE #	
2.				
CONTACT PERSON			PHONE #	

Do you have any other business connections? YES NO **If yes, please give details:** _____

Are there any pending suits or unpaid judgments against you? YES NO **If yes, please give details:** _____

Have you ever applied for or obtained credit under another name? YES NO **If yes, please give other name(s):** _____

Have you filed bankruptcy or compromised a debt? YES NO **If yes, please give details:** _____

I/We hereby authorize Jackson Properties, Inc., to review my/our personal credit profile provided by national credit bureaus in considering this application and for the purpose of updating, renewing, or extending additional credit. I/We hereby authorize our bank or other references to release all credit information and I/We represent and warrant that the information submitted herein is true, complete and accurate.

We agree to pay any charges or fees associated in connection with verification of banking, financial, or other credit information. We further acknowledge that I/We may be charged additionally and separately by our banking and/or financial institutions for information verified.

_____ SIGNATURE	_____ TITLE	_____ DATE
_____ SIGNATURE	_____ TITLE	_____ DATE

PERSONAL FINANCIAL STATEMENT

INSTRUCTIONS:
(read before
statement)

Regardless of your marital status, you may apply for credit in you name alone.

If you are applying for credit in your name alone or with a person other than your spouse, complete this statement and sign on the reverse.

If you are married and not separated and are a resident to California, information about your spouse must be provided and the Consent To Gather Credit Information must be signed by your spouse. If you apply for credit jointly with your spouse, you and your spouse are to complete this statement and sign on the reverse.

If you are married and not separated, and unless you indicate otherwise, all income and assets will be presumed to be community property and all debts will be presumed to be liabilities of community property.

NAME IN FULL			SOCIAL SECURITY NUMBER		AGE		MARITAL STATUS		DEPENDENTS NUMBER:	
							[] MARRIED [] UNMARR. DATE MARR. [] SEP.			
RESIDENCE ADDRESS (No., Street, City, State, Zip Code)			YRS AT ADDRESS		TELEPHONE & EXT.		YRS OF EDUCATION (CHECK ONE)			
							[] UNDER 12 YRS [] 12 YRS [] 13-18 YRS [] 18 YRS. AND OVER			
PREVIOUS ADDRESS IF AT ABOVE ADDRESS LESS THAN 5 YEARS (No. and Street, City, State, Zip Code)										
1. EMPLOYER			2. ADDRESS (No. and Street)			CITY		TELEPHONE & EXTENSION		

SPOUSE INFORMATION SECTION

SPOUSE'S NAME			SOCIAL SECURITY NUMBER			AGE			
SPOUSE'S EMPLOYER			ADDRESS (No. and Street)			CITY		TELEPHONE & EXTENSION	

FINANCIAL CONDITION AS OF _____, 19____

ASSETS				AMOUNT				LIABILITIES				AMOUNT			
CASH	Bank	Office			NOTES PAYABLE TO BANKS	Bank	Office			OTHER NOTES AND ACCOUNTS PAYABLE	Real Estate Loans (Schedule 2)				
	Other Banks					Other (Itemize, Schedule 4)						Sales Contracts & Sec. Agreements (Sch. 4)			
							Loans on Life Insurance Policies (Sch. 4)								
STOCKS AND BONDS	Listed (Schedule 1)				TAXES PAYABLE	Current Year's Income Taxes Unpaid				OTHER LIABILITIES	Unpaid Interest				
	Unlisted (Schedule 1)					Prior Year's Income Taxes Unpaid					Others (Itemize, Schedule 4)				
						Real Estate Taxes Unpaid									
REAL ESTATE	Improved (Schedule 2)				OTHER LIABILITIES	TOTAL LIABILITIES				TOTAL	NET WORTH				
	Unimproved (Schedule 2)														
	Trust Deeds and Mortgages (Schedule 3)														
LIFE INSURANCE	Cash Surrender Value														
ACCOUNTS AND NOTES RECEIVABLE	Relatives and Friends (Schedule 4)														
	Collectible (Schedule 4)														
	Doubtful (Schedule 4)														
OTHER PERSONAL PROPERTY	Automobile														
	Other (Itemize, Schedule 4)														
TOTAL															

ANNUAL INCOME		(Refer to Federal Income Tax Returns for Previous Year)		ANNUAL EXPENDITURES		(Refer to Federal Income Tax Returns for Previous Year)	
SALARY OR WAGES				PROPERTY TAXES AND ASSESMENTS			
DIVIDENDS AND INTEREST				FEDERAL AND STATE INCOME TAXES			
RENTALS (GROSS)				REAL ESTATE LOAN PAYMENTS			
BUSINESS OR PROFESSIONAL INCOME (NET)				PAYMENTS ON CONTRACTS AND OTHER NOTES			
OTHER INCOME, DESCRIBE (Spousal and child support and maintenance income need not be listed unless it is to be considered for granting credit)				INSURANCE PREMIUMS			
				ESTIMATED LIVING EXPENSES			
				OTHER (Alimony, Child Support, Maintenance)			
TOTAL INCOME				TOTAL EXPENDITURES			

Give details of an contingent liability as endorser or guarantor or on suits or judgments pending. (If necessary use separate sheet.) _____

Do you do business with any other bank? _____ If so, give details _____

Have you ever filed any petition under the Bankruptcy Act? _____

Are any of the assets listed on this statement held under a Trust Agreement? _____

Have your Income Tax Returns ever been questioned by the Internal Revenue Service? _____ If so, most recent year _____

SCHEDULE 1: LISTED AND UNLISTED STOCKS AND BONDS OWNED

NO. OF SHARES OR PAR VALUE	DESCRIPTION	ISSUED NAME OF	JOINT TENANCY TEN. IN COMMON COMM. PROPERTY	MARKET VALUE
LISTED:				
TOTAL LISTED				
UNLISTED				
TOTAL UNLISTED				

Are any of the above listed securities pledged to secure a debt? _____

SCHEDULE 2: REAL ESTATE OWNED (DESIGNATE: I – IMPROVED, U – UNIMPROVED)

LOCATION OR DESCRIPTION	TITLE IN NAME OF	JOINT TENANCY TEN. IN COMMON COMM. PROPERTY	COST	PRESENT VALUE	TRUST DEEDS, MORTGAGES OR OTHER LINES			
					UNPAID BAL.	RATE%	MONTHLY PAYMENT	HELD BY
TOTAL						XXXXX	XXXXXXXXXXXX	XXXXXXXX

SCHEDULE 3: TRUST DEEDS AND MORTGAGES OWNED

NAME OF PAYER	LEGAL DESC., STREET ADDRESS & TYPE OF IMPROVEMENTS	UNPAID BAL.	JOINT TENANCY TEN. IN COMMON COMM. PROPERTY	TERMS	1 ST OR 2 ND LIEN	VALUE OF PROPERTY
TOTAL					XXXXXXXX	XXXXXXXX

SCHEDULE 4: DETAILS RELATIVE TO OTHER IMPORTANT ASSETS AND LIABILITIES

I hereby certify that I have carefully read the above statement, including the reverse side, and it is a complete, true and correct statement to the best of my knowledge and belief.

DATE SIGNED _____

(SIGN HERE) _____

(SIGN HERE) _____