

# MISSION OFFICES, LLC

1110 California Blvd., Suite "C"  
San Luis Obispo, CA 93401  
805-543-9138 or fax 805-543-9145

## COMMERCIAL-RENTAL/LEASE APPLICATION

Type of Business (check one)    Corporation       Sole Proprietorship       Partnership

Name of Business \_\_\_\_\_

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

Local Business Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nature of Business \_\_\_\_\_

Present Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_ to \_\_\_\_\_ Reason for moving/rent paid \_\_\_\_\_  
Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Agent \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Type of Policy \_\_\_\_\_

Bank Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

Branch Location \_\_\_\_\_ Account # \_\_\_\_\_

Trade Reference \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

Trade Reference \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

Trade Reference \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been evicted or had your tenancy terminated by a Landlord?..... No  Yes   
Have you ever received a "3 Day Notice to Pay Rent or Quit"?..... No  Yes   
Have you ever filed for Bankruptcy?..... No  Yes   
Have you ever had an account placed "in collection" for failure to make payment?..... No  Yes   
Do you plan to sublet any of the property during any of the lease term? ..... No  Yes

PLEASE COMPLETE SECOND PAGE

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Please list if business is a Corporation or Partnership the Primary Officers Names, Titles, Home Address and Telephone Numbers

*Name*

*Address*

*Phone Numbers*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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Applicant represents the above information to be true, accurate and complete and hereby authorize verification of the information provided, including but not limited to obtaining a credit report. Applicant understands that any misrepresentation of the above information will void this application or related agreements.

**Date** \_\_\_\_\_ **Applicant** \_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_ **CA Drivers License #** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Make/Model/Color/Year of Vehicle** \_\_\_\_\_

**License Plate #** \_\_\_\_\_

**Work** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Home** \_\_\_\_\_ **Email** \_\_\_\_\_

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**RECEIPT FOR SCREENING FEE**

**THIS SECTION TO BE COMPLETED BY AGENT, LANDLORD OR MANAGER**

Applicant has paid a screening fee of **\$25.00**, applied as follows: **\$9.60** for credit report(s) \$ \_\_\_\_\_ for \_\_\_\_\_  
(other out-of pocket expenses), and **\$15.40** for processing

The screening fee is evidenced by:

Cashier's check,  Personal check, or  other \_\_\_\_\_, payable to Castle Keepers Properties

The undersigned has read the foregoing and acknowledge(s) receipt of a copy,

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Applicant

Date