

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

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. _____

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** _____

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,

Applicant

Date