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| LEASE Application & Tenant Information Property Address: *505 E Santa Clara St San Jose CA 95112* |

**Company Name**: Phone:

Business Address: Zip Code:

Years in Business: Years at Current Location: Email:

Size of Current Premises: Current Rent: Number of Employees:

Present Landlord Phone:

Proposed Use of Premises:

Will any Hazardous Materials be Stored or used on the Premises? Yes No If yes, please attach list (i.e. MSDS sheets)

**Type of Business Organization: (Complete A, B or C)** *[Please attach last two years’ financial statements.]*

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| **A. Sole Proprietorship:**  1. Owner’s Name: Phone:  Residence Address:  Do you Own  or Rent  ? For How Long? email:  Social Security No: Driver’s License No: |
| **B. Partnership:**  1. Name: Social Security No.:  Residence Address:  Phone: email:  2. Name: Social Security No.:  Residence Address:  Phone: email: |
| **C. Corporation:** Federal Tax ID: Date Incorporated: State of Incorp.:  Parent Corp.:  Division/Subsidiary of:  Corporate Officers:  1. Name: Title:  Residence Address:  Phone: email:  2. Name: Title:  Residence Address:  Phone: email: |
| By signing below, you hereby declare that you have been given authority by the Company listed above to represent the facts contained in the foregoing application, and that these facts are considered part of the lease and are true and correct. If any information herein contained is false, the lease made on strength of this application may, at the option of Landlord, be terminated at any time. ***By signing below, you authorize the Landlord to verify the above statements including, but not limited to, business credit information, now or any time during the lease term.***  Signature: Date:  Print Name: Title: |

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| **Lease Guarantor**: Social Security No.:  Residence Address: |
| By signing below, you hereby declare that the representation of facts contained in the foregoing application are considered part of the lease and are true and correct. If any information herein contained is false, the lease made on strength of this application may, at the option of Landlord, be terminated at any time. ***By signing below, you authorize the Landlord to verify the above statements including, but not limited to, individual credit information, now or any time during the lease term.***  Signature: Print Name: Date:  Phone: Email: Driver Lic: |

**Supporting Documents:**

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|  | Office use only |
| Driver’s License or picture ID or passport |  |
| Business License |  |
| Past 3 years tax return |  |
| Past 3 years financial statements |  |
| Past 3 months bank statements |  |
| Liability insurance |  |
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