

**Georgia Street Plaza
301 Georgia Street
Vallejo, CA 94590
Phone: (707) 644-3759
Fax: (707) 644-4308**

Credit Report Permission

The applicant authorizes Jim Barcewski, Landlord, to order a credit report. The Applicant will pay Jim Barcewski in advance the amount of \$10.00 for the credit report.

The following information is to be provided to Jim Barcewski for the credit report: (Please print legibly)

- a) Legal Name: _____
- b) Current Home Address: _____

- c) Home Telephone Number: _____
- d) Work Telephone Number: _____
- e) Cell Telephone Number: _____
- f) Previous Home Address: _____

- g) Date of Birth: _____
- h) Social Security Number: _____
- i) Driver's License Number & State: _____

(Signature)

Rev.10/2012

(Date)

Georgia Street Plaza
301 Georgia Street, Vallejo, CA 94590
Phone: (707) 644-3759
Fax: (707) 644-4308
www.georgiastreetplaza.com

Lease Application

Suite (if known): _____ Suite Size (square feet): _____ Suite Size Desired: _____

Tenant's Name: _____

Tenant's Business Name: _____

Describe Business: _____

Tenant's E-Mail: _____

Tenant Home Phone Number: _____

Tenant Cell Phone Number: _____

Tenant Fax Number: _____

Type of Business: _____ (retail) _____ (office) _____ (other)

Floor Desired: _____ (1st) _____ (2nd) _____ (3rd)

Monthly Rental Budget: _____

Desired Start Date: _____

Term of Lease: _____ (1 yr.) _____ (2 yr.) _____ (3 yr.) _____ (4 yr.) _____ (5 yr.)

Lessee: _____ Date: _____
(Print Name)

Lessee: _____
(Sign Name)

Lessor: _____ Date: _____

GEORGIA STREET PLAZA

301 Georgia St Suite 330 Vallejo CA 94590 . 707-644-8887. 301georgiastreetplaza@gmail.com

Lease Application (Rev.10/2012)

For SUITE #:	_____	Amount Due Prior to Occupancy	
Rental Term: [] 1 YR [] 2 YR [] 3 YR [] 4 YR [] 5 YR		First month's rent	\$ _____
Desired Start Date:	_____	Security Deposit	\$ _____
Desired Floor:	_____	Credit Report Fee	\$ 10.00 per applicant over 18
		Business Sign	\$ _____
		Keys (4)	\$ _____
		Miscellaneous	\$ _____
		TOTAL	\$ _____

APPICANT 1

Full Name _____

Tenant's Business Name: _____

Nature of Business: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Social Security #: _____ Driver's License #/State: _____ Birthdate: _____

Vehicle 1 maker: _____ Model: _____ Color: _____ Year: _____

License Plate #/State: _____

Vehicle 2 maker: _____ Model: _____ Color: _____ Year: _____

License Plate #/State: _____

APPICANT 2

Full Name _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Social Security #: _____ Driver's License #/State: _____ Birthdate: _____

Rental History (House or Business)

Current Address: _____

Dates live at Address: _____ Reason for Leaving: _____

Landlord/Manager: _____ Landlord/Manager's Phone: _____

Rent: \$ _____ Security Deposit: \$ _____

Previous Address #1: _____

Dates live at Address: _____ Reason for Leaving: _____

Landlord/Manager: _____ Landlord/Manager's Phone: _____

Rent: \$ _____ Security Deposit: \$ _____

Employment History. *Self-employed applicants: attach tax returns for the past two years.*

Applicant 1

Name and Address of Current Employer: _____

Position or Title: _____ Phone: _____

Name of Supervisor: _____ Supervisor's Phone _____ Date Employed: _____

Applicant 2

Name and Address of Current Employer: _____

Position or Title: _____ Phone: _____

Name of Supervisor: _____ Supervisor's Phone _____ Date Employed: _____

Income

1. Your gross monthly employment income (before deductions): \$ _____

2. Average monthly amounts of other income: \$ _____

Source of income listed above (if any) _____

Bank/Financial Accounts

	Bank/Institution	Branch Address
Savings Account	_____	_____
Checking Account	_____	_____

Loans

Type of loan (mortgage, car, student loan, etc)

	Name of Creditor	Account #	Amount Owed	Monthly Payment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Miscellaneous

Have you ever:	Filed for Bankruptcy?	<input type="checkbox"/> yes <input type="checkbox"/> no	if yes, how many times?
	Been sued?	<input type="checkbox"/> yes <input type="checkbox"/> no	if yes, how many times?
	Sued someone else?	<input type="checkbox"/> yes <input type="checkbox"/> no	if yes, how many times?
	Been evicted?	<input type="checkbox"/> yes <input type="checkbox"/> no	if yes, how many times?
	Been convicted of a crime?	<input type="checkbox"/> yes <input type="checkbox"/> no	if yes, how many times?

Explain any 'yes' listed above _____

References and Emergency Contact

Personal Reference #1: _____ Relationship: _____
Address: _____ Phone: _____

Personal Reference #2: _____ Relationship: _____
Address: _____ Phone: _____

Personal Reference #3: _____ Relationship: _____
Address: _____ Phone: _____

Contact in Emergency: _____ Relationship: _____
Address: _____ Phone: _____

Authorization. Release of Information

I certify that all information given above is true and correct and understand that my lease or rental agreement may be terminated if I have made any material false or incomplete statements in this application. I authorize to verification of the information provided in this application from my credit sources, current and previous landlords and employers, and personal references. I give permission for the landlord or its agent to obtain a credit history, criminal and background check about me for the purpose of this application, to ensure that I continue to meet the terms of tenancy, for the collection and recovery of any financial obligations relating to my tenancy, or any other permissible purpose.

Applicant Signature

Date

Print Applicant Name

Applicant Signature

Date

Print Applicant Name

GEORGIA STREET PLAZA

301 Georgia St. Ste 330, Vallejo, CA 94590
Ofc: 707-644-8887 Fax: 707-644-4308
301georgiastreetplaza@gmail.com

TENANT BACKGROUND CHECK

APPLICANT'S NAME : _____
LANDLORD'S NAME : _____
LANDLORD'S PHONE # : _____
LANDLORD'S FAX # : _____

I authorized the company above to do background check on me.

Tenant's Signature

Date

How long he/she has been your tenant? _____

What property he/she rented? _____

His/Her manner of payment? _____

Was he/she paying rent on time? _____

Any complaints reported? _____

Any damages reported? _____

Please provide any other vital information that we might need to know.

Thank you.

Georgia Street Plaza
301 Georgia Street
Vallejo, CA 94590
Phone: (707) 644-3759
Fax: (707) 644-4308

Tenant Contact Information

Suite Number: _____

Business Name: _____

BUSINESS OWNER

Name: _____

Business Phone: _____ Business Fax: _____

Cell Phone: _____ E-Mail: _____

Mailing Address: _____

PARTNER

Name (if different): _____

Business Phone: _____ Business Fax: _____

Cell Phone: _____ E-Mail: _____

Mailing Address: _____

MANAGER

Name (if different): _____

Business Phone: _____ Business Fax: _____

Cell Phone: _____ E-Mail: _____

Mailing Address: _____

RENT PAYER

Name (if different): _____

Department: _____

Business Phone: _____ Business Fax: _____

Cell Phone: _____ E-Mail: _____

Mailing Address: _____

Government Tenant: _____ Corporate Tenant: _____ Individual Owner: _____ Partnership: _____