

**Tenant Information Sheet**

To: \_\_\_\_\_  
 From: \_\_\_\_\_  
 Re: \_\_\_\_\_

	First	Middle	Last	Social Sec. #	Driver Lic. #	Birth Date
Name:						
Spouse:						

DBA or Fictitious Business Name(s): \_\_\_\_\_

Proposed Use of Premises: \_\_\_\_\_

Existing Business? \_\_\_\_\_ How many Years? \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

**Web Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Type of Organization:**

- \_\_\_\_\_ Sole Proprietorship - Owner's Name: \_\_\_\_\_
- \_\_\_\_\_ Partnership - Partner Names: \_\_\_\_\_
- \_\_\_\_\_ Corporation - Years Incorporated: \_\_\_\_\_

**Business Address(present):** \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone #( ) \_\_\_\_\_ Business Fax #( ) \_\_\_\_\_

Own \_\_\_ Rent \_\_\_ If rent, owner/mgr name: \_\_\_\_\_ Phone:( ) \_\_\_\_\_

How long? \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Home Address(present):** \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #( ) \_\_\_\_\_ Home Fax/pager #( ) \_\_\_\_\_

Own \_\_\_ Rent \_\_\_ If rent, owner/mgr name: \_\_\_\_\_ Phone:( ) \_\_\_\_\_

How long? \_\_\_\_\_

**Bank References:** (Specify Business or Personal)

Checking/Savings Account #: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Balance: \$ \_\_\_\_\_ Phone #:( ) \_\_\_\_\_

Contact Person: \_\_\_\_\_

Other Account #: \_\_\_\_\_ Bank Name: \_\_\_\_\_

(Money Market, C.D., credit union)

Balance: \$ \_\_\_\_\_ Phone #:( ) \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Credit References:** Suppliers/Business Accounts

Supplier \_\_\_\_\_ Line of Credit Am't \$ \_\_\_\_\_ Phone:( ) \_\_\_\_\_

Supplier \_\_\_\_\_ Line of Credit Am't \$ \_\_\_\_\_ Phone:( ) \_\_\_\_\_

(please turn page over)

**Tenant Information Sheet** continued**Employment:** (including self-employed)

	Current Employment	Previous Employment	Spouse
Employed by			
Address			
Employer Phone	( )	( )	( )
Position			
Name of Supervisor			
Dates of Employment	From To	From To	From To
Income Per Month	\$	\$	\$

**Vehicles:** Specify Business or Personal

Autos/Trucks: Make	Model	Color	Year	License #	Lease	Own	Balance Owed

**Persons to notify in case of emergency:**

Name	Address	Phone	Relationship
		( )	
		( )	

Applicant(s) represents that statements made above are true and correct and hereby authorizes verification of references, including but not limited to, obtaining credit, unlawful detainer, and criminal history reports and agrees to furnish additional credit information upon request. Applicant(s) hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information. I(we) fully understand that misrepresentation or concealment relative to any of the above facts will, at Landlord's option, void our rights under any agreement entered into for the leasing of premises being applied for.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please fax this application to: **(714)997-4930**, telephone (714)997-7956  
 Or, mail to: **S & D Associates, 1020 N. Batavia St, #B, Orange, CA 92867**