

COMMERCIAL RENTAL APPLICATION

Note: Please print legibly or use typewriter and answer each question completely.

SECTION I - PERSONAL INFORMATION

PERSONAL INFORMATION			
First Name	Middle	Last	
Other Name(s) Used (<i>ie Maiden Name</i>)			
() - Mobile Telephone Number or Pager	() - Home Telephone Number	() - Work Telephone	Extension
Current Address (Residence)	Apt/Unit # City	State Zip	How Long?
Date of Birth	Social Security Number	Driver's License Number / Expiration	
Vehicle Make (<i>Nissan, Ford, etc.</i>)	Year Model Color	Vehicle License Plate #	
Current Employer (<i>Name & Telephone #</i>)	Address	Monthly Income	

SPOUSE INFORMATION			
First Name	Middle	Last	
Other Name(s) Used (<i>ie Maiden Name</i>)			
Date of Birth	Social Security Number	Driver's License Number / Expiration	
Vehicle Make (<i>Nissan, Ford, etc.</i>)	Year Model Color	Vehicle License Plate #	

PREVIOUS ADDRESSES (Residence)			
Previous Address (Residence)	Apt/Unit # City	State	Zip
Length of Occupancy	Landlord's Name & Telephone #	Monthly Rent	
Reason for vacating?			
Previous Address (Residence)	Apt/Unit # City	State	Zip
Length of Occupancy	Landlord's Name & Telephone #	Monthly Rent	
Reason for vacating?			

PERSONAL BANK ACCOUNTS				
Name of Bank	Account Number	Checking or Savings?	Joint Ownership w/Spouse	Current Balance
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

SECURITIES OWNED (If Broker's statement attached, leave blank)						
No. Shares or Bond Amount	Securities Description	Registered Owner(s)	Pledged		Where Quoted	Present Market Value
			Yes	No		

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PERSONAL FINANCIAL STATEMENT					
Assets of Applicant	Amount	Joint Ownership w/Spouse	Liabilities of Applicant	Amount	Joint Ownership w/Spouse
Cash in Bank Accounts		<input type="checkbox"/> Yes <input type="checkbox"/> No	Total Revolving Credit (Balances owed on credit cards or credit lines)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Stock/Bonds/Mutual Funds (Include copies of broker's statement)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Total Installment Loans (Auto/personal or other monthly pymt. loans)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Retirement Accounts (IRA, SEP, KEOGH, 401-K)		<input type="checkbox"/> Yes <input type="checkbox"/> No	1st Mortgage on Residence		<input type="checkbox"/> Yes <input type="checkbox"/> No
Residence Market Value		<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Mortgages on Residence (Include loans or equity lines of credit)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Real Estate Market Value (Total from schedule on next pg.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage(s) on other Real Estate (Total from schedule on next page)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicles (Please describe)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Liabilities (Please describe)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Assets (Please describe)		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Assets (Please describe)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Contingent Liabilities (Please describe)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Assets (Please describe)		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Assets		<input type="checkbox"/> Yes <input type="checkbox"/> No	Total Liabilities		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own 25% or more of another company?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name (Please attach tax returns for all)		

REAL ESTATE HOLDINGS (Attached separate schedule for additional properties)					
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Property Type: SF =Single Family MF =Multi-Family C =Commercial/Industrial L =Land/Acreage						
Property Type	Residence		Vacation Rental		Vacation Rental	
	<input type="checkbox"/> SF	<input type="checkbox"/> MF	<input type="checkbox"/> SF	<input type="checkbox"/> MF	<input type="checkbox"/> C	<input type="checkbox"/> L
Percentage of Ownership	%		%			
Co-Owned with Spouse (indicate yes or no)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property Address						
City, State, Zip Code						
Date Purchased						
Purchase Price						
Estimated Market Value						
1st Mortgage Balance						
Lender						
Payment 1st Mortgage						
All Other Mortgages/Liens (Include loans or equity lines of credit)						
Lender						
Payments on Other Mortgages						
Annual Property Taxes/Insurance						
Gross Monthly Rent						

GENERAL INFORMATION (If married, these questions apply to both you and your spouse)			
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	YES	NO
Have you ever filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been a principal or guarantor of a firm that declared bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
Are any assets held in Trust? If yes, please include a copy of the first and last page of the Trust Agreement.	<input type="checkbox"/>	<input type="checkbox"/>
Are you party to any claims or lawsuits?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a co-signer or guarantor of any other debt?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently an executive officer or on the Board of Directors of any Bank, Thrift or S & L?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe:		

SIGNATURES

The signer(s) certifies that the above (attached) statement and supporting schedules, including all federal tax returns, prepared by or for the undersigned, are a complete and true statement of the financial condition of the undersigned on the date indicated. The signer(s) authorizes **Maxam Properties** to obtain consumer and/or business reports.

X _____	X _____
Applicant's Signature	Spouse's Signature
Date	Date

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SECTION II - BUSINESS INFORMATION

COMPANY INFORMATION				
Company Name (Include DBA's)				
Company telephone and fax numbers (include area code)			Federal Tax-I.D. #	
Is Company a corporation, partnership or sole proprietorship?			Type of business	
Number of employees			Liquor License # Business License #	
Name and address of parent company (if applicable)			Date business began	
OFFICER/PARTNER/OWNER INFORMATION				
<i>Please give complete information for all officers/partners/owners - Use additional paper if necessary.</i>				
Full Name	Position/Title	Social Security #	% Equity	Home Phone Number
Home Address	City	State	Zip	Driver's Lic.# and Expiration
Full Name	Position/Title	Social Security #	% Equity	Home Phone Number
Home Address	City	State	Zip	Driver's Lic.# and Expiration
Full Name	Position/Title	Social Security #	% Equity	Home Phone Number
Home Address	City	State	Zip	Driver's Lic.# and Expiration
BUSINESS ADDRESSES				
Current Business Address	City	State	Zip	Telephone #
How long at present address?	Landlord's Name & Telephone #		Monthly Rent	
Previous Business Address	City	State	Zip	
Length of Occupancy	Landlord's Name & Telephone #		Monthly Rent	
Reason for vacating?				
Previous Business Address	City	State	Zip	
Length of Occupancy	Landlord's Name & Telephone #		Monthly Rent	
Reason for vacating?				
BUSINESS CREDIT REFERENCES				
Name	Address	City	State	Zip
Telephone #	Account Number			
Name	Address	City	State	Zip
Telephone #	Account Number			
Name	Address	City	State	Zip
Telephone #	Account Number			

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BUSINESS BANK ACCOUNTS

Bank Name	Address	City	State	Zip
Telephone #	Account Number		Bank Branch	
Bank Name	Address	City	State	Zip
Telephone #	Account Number		Bank Branch	

SECTION III — BUSINESS DECLARATIONS

1. Has this business, its officers, partners, or owners ever been delinquent in payment of any financial obligation?
 (If yes please explain.) _____

2. Has this business, its officers, partners, or owners ever been a defendant in an unlawful detainer lawsuit?
 (If yes -please explain.) _____

I /We hereby authorize **Maxam Properties** to verify all information on this application by contacting the sources listed herein or any other sources available. I /We understand that information that does not verify, or cannot be verified, may result in this application not being approved, and that the \$_____ fee paid for verification of this application is a non-refundable fee, regardless of whether or not this application to rent is approved or denied.

Date _____ Applicant _____
Name

Date _____ Applicant _____
Name

NOTICE OF PRIVACY POLICY

This privacy policy applies to Maxam Properties; We respect the individual privacy of consumers and we collect non-public personal financial information about you from a variety of sources, such as the following:

- ▶ **Information we receive from you, such as information on applications or other forms.**
- ▶ **Information about your transactions or experiences with us, our affiliates, or others.**
- ▶ **Information we receive from outside agencies, such as consumer reporting agencies providing your credit history, tenancy history or employment verification.**

We do not disclose any non-public personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your non-public personal information.