

## **Tenant Application Cover Sheet**

1. Attached Tenant Information Sheet must be filled out completely.
2. Provide a copy of driver's license(s).
3. Provide proof of income (2 month's of recent bank statements, tax returns).
4. The security deposit is 1.5 times the monthly rent for sole proprietors. Security deposit may be higher based on credit and intended use of the premises. If applying as a corporation, security deposit requirements are different (2 times the monthly rent), and additional documentation is required (Articles of Incorporation, Statement of Information).
5. If doing business under a Fictitious Business Name, a copy of the DBA is required.
6. We do require proof of General Liability Insurance before keys are provided. The minimum general annual aggregate coverage is \$2 million, and coverage per occurrence is \$1 million.
7. Your first payment must be made in certified funds. Checks must be made out to : \_\_\_\_\_ (Property Name). Checks can be directed to 1020 N. Batavia St., Ste. B, Orange, CA 92867.

Should you have any questions, please contact the leasing office.

S & D Associates

Phone: (714) 997-7956

Email: [sdassociates@sbcglobal.net](mailto:sdassociates@sbcglobal.net)

Fax: (714) 997-4930

Address: 1020 N. Batavia St., Ste. B, Orange, CA 92867.

To: \_\_\_\_\_

From: \_\_\_\_\_

**Tenant Information Sheet**

Re: \_\_\_\_\_

**Personal Identification:**

	Applicant	Spouse/Partner
Name		
Date of Birth		
Social Security No.		
Driver's License No.		
Phone Number		
Email		

**Business Identification:**

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 (Please complete A, B, or C):**

A. Sole Proprietorship:

Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

B. Partnership:

Partner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Partner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

C. Corporation:

Corporation Name and Type: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Corporate Officers:

1. Name and Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name and Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name and Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

How long? \_\_\_\_\_ Current facility size: \_\_\_\_\_ Current Rent: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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

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

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

Please fax this application to: (714)997-4930, Telephone: (714)997-7956, Email: sdassociates@sbcglobal.net

Or, mail to: **S & D Associates, 1020 N. Batavia St, #B, Orange, CA 92867**

**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 Amount \$ \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Supplier \_\_\_\_\_ Line of Credit Amount \$ \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Employment:** (including self-employed)

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

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

Name	Address	Phone	Relationship
		( )	
		( )	

**Vehicles:** Specify Business or Personal

Make	Model	Color	Year	License #	Lease	Own	Balance Owed

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: \_\_\_\_\_

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