## REXFORD INDUSTRIAL PERSONAL LEASE APPLICATION

## **PERSONAL INFORMATION:**

Applicant's Name		Social Security #	Date of Birth
Spouse's Name		Social Security #	Date of Birth
Address		City, State	Zip Code
Prior Address (if less than 5 years)		City, State	Zip Code
Home Telephone #		Office Telephone #	Driver's License # / State
BUSINESS INFORMATION:			
Business Name		Business Address	
Description of Business: Is business a: 🔲 Sole Proprietorship, [ <b>Landlord:</b>		nership, 🗌 Corporation? If so, which state	
Description of Business: Is business a: D Sole Proprietorship, [ <b>Landlord:</b> Current Landlord	Partr	nership,  Corporation? If so, which state Contact Person	Telephone #
Description of Business: Is business a: Sole Proprietorship, [ Landlord: Current Landlord How long in current office?	Partr yrs	nership, 🗌 Corporation? If so, which state	Telephone #
Description of Business: Is business a: <b>Landlord:</b> Current Landlord How long in current office? Sq Ft Occupied:	Partr yrs	nership,  Corporation? If so, which state Contact Person Permission to contact current landlord?	Telephone #
Business Name Description of Business: Is business a: Sole Proprietorship, [ Landlord: Current Landlord How long in current office? Sq Ft Occupied: Credit or Trade References: Company Name	Partr yrs	nership,  Corporation? If so, which state Contact Person Permission to contact current landlord?	Telephone #

Please answer the following questions. If a "yes" answer is given to a question in this section, please explain on an attached sheet. YES NO

Are your personal assets held in a living trust?	
If yes, is it a revocable trust?	
Do you have any outstanding judgments?	
In the last 7 years, have you been declared bankrupt?	

Have you had property foreclosed or given title or deed in lieu thereof?	
Are you a co-maker or endorser on a note?	
Are you a party in a law suit?	
Are you obligated to pay alimony, child support or separate maintenance?	
Is any of the down payment of your home borrowed?	
Have you ever been a defendant in an unlawful detainer and/or	
breach of contract lawsuit?	

## STATEMENT OF FINANCIAL CONDITION:

#### LIABILITIES:

Bank Accounts:				Creditor Accounts:			
Bank:	_Acct#	Balance	\$	Creditor:	_Acct#	_Balance	\$
Bank:	_Acct#	_Balance	\$	Creditor:	_Acct#	_Balance	<u>\$</u>
Bank:	_Acct#	_Balance	\$	Creditor:	_Acct#	_Balance	<u>\$</u>
Stocks & Bonds:				Other Debts:			
Broker:	_Acct#	Balance	\$	Creditor:	_Acct#	Balance	<u>\$</u>
Broker:	_Acct#	_Balance	<u>\$</u>	Creditor:	_Acct#	_Balance	\$
Real Estate Owned (M	arket Value from Schedul	e Below)	\$	Real Estate Loans:			
Vested Interest Retire	ment Fund		\$	Creditor:		_Balance:	\$
Net Worth of Business	Owned (Attach Balance S	Sheet)	<u>\$</u>	Creditor:		_Balance:	\$
Automobiles Owned:				Auto Loans:			
Make:	_Model:	_Yr:	\$	Creditor:		_Balance:	<u>\$</u>
Make:	_Model:	_Yr:	\$	Creditor:		_Balance:	<u>\$</u>
Make:	_Model:	_Yr:	\$	Creditor:		_Balance:	\$
Cash Value Life Insura	nce:		\$	Alimony/Child Suppor	rt/Maintenance:		\$
Face Amour	nt: <u>(\$</u>	)					
Furniture and Jewelry:		<u>\$</u>	То	tal Liabilities:			\$
Total Assets:			<u>\$</u>	Applicant's Net Worth			<u>\$</u>

# SCHEDULE OF REAL ESTATE OWNED:

Property Addre	Type of ss Property	Purchase Date	Current Market Value	Current Loan Amount	Net Annual Income
1.					
2.					
3.					

### **AUTHORIZATION:**

The undersigned applicant hereby declares that the representations of fact contained in the foregoing application are considered part of my lease and are true and correct. I agree that if any information herein contained is false, the lease made on the strength of the application may, at the option of the Landlord, be terminated at any time.

I hereby authorize REXFORD INDUSTRIAL to verify all information on this application by contacting the sources listed herein or any other sources available. I understand that information that does not verify, or cannot be verified, may result in this application not being approved.

I am submitting herewith signed copies of the last two years of personal and business tax returns (if selfemployed) with supporting schedules, which information you are authorized to verify.

Applicant's Signature:	Date:

Spouse's Signature:	Date:
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# AUTHORIZATION FOR FILE DISCLOSURE

I hereby authorize\_\_\_\_\_\_\_to obtain a consumer credit report and/or investigation report on myself consisting of, but not limited to, employment verification, motor vehicle records, criminal scan, bad check and driver's license verification, academic verification, Worker's Compensation information and drug testing for the purpose of employment with the above mentioned company. I understand that such information my be derived in whole or in part from Experian, Equifax, Quest Diagnostics, American Driving Records, Contemporary Information Corporation, and/or other sources.

Signature	Date		
Full Name (please print)			
Home Address			
City	State	Zip	
Social Security Number	Driver's License	Date of Birth	

### \*\*\*IMPORTANT NOTE TO CIC SUBSCRIBER!\*\*\*

In Accordance with the Fair Credit Reporting Act, the Fair and Accurate Credit Transactions Act and other state and federal laws, this signed form is to be kept on file by CIC client ("subscriber") for no less than six years. CIC may request that subscriber supply a copy of the consumer signed Authorization for File Disclosure or application for rental, credit, or employment anytime within that six year period. Failure to comply may result in termination of subscriber's account as well as any criminal or civil penalties that may apply under current law.