



LEASE APPLICATION

19762 MacArthur Blvd, Suite 300
Irvine, CA 92612

Phone: (949) 474-7030
Fax: (949) 474-2101

INDIVIDUAL INFORMATION

Name: Last First Middle

Current Home Address: Street City State Zip

Home Phone #: Driver's License #:

Birthdate: Social Security #:

PERSONAL BANKING INFORMATION:

1. Checking Account #: Bank Name: Phone #:

2. Savings Account #: Bank Name: Phone #:

Employer: Phone #:

Position: Hire Date: May we contact this employer? Yes No

CREDIT REFERENCES (Please list name, address, phone#, and contact person)

1.

2.

Self Employed? If yes, how many years?

** Please provide us with a copy of your driver's license

BUSINESS INFORMATION

Business Name: Phone:

Business Address:

Business Ownership From: Sole Proprietor Yes () No () General Partnership Yes () No ()

Incorporation Yes () No () If yes, in which state did the business incorporate:

Business Checking Account #: Bank:

Description of Business:

Business Landlord: Bank:

CREDIT REFERENCES (Please list name, address, phone #, and contact person)

1.

2.

I authorize CIP Real Estate Property Services to review my personal credit and business credit at anytime, to be used in conjunction with this application and anytime following lease execution during the lease term.

Signature: Date: