



APPLICATION TO LEASE  
FOR EL DORADO PROPERTIES

Phone: 619.283.5557  
5839 Mission Gorge  
Road, Suite A San  
Diego, CA 92120

Attention To: \_\_\_\_\_ FAX: \_\_\_\_\_

The following information must be completed prior to entering into a lease: (Please print or type clearly)

- 1. Name of Business:** \_\_\_\_\_  
 State Business is registered in: \_\_\_\_\_  
 Current Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Business Website and/or description: \_\_\_\_\_  
 \_\_\_\_\_  
 Current Business Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 # Years at Location: \_\_\_\_\_ # of Employees: \_\_\_\_\_

- 2. Full Description of Intended Use:** \_\_\_\_\_  
 \_\_\_\_\_  
 Number of Parking Spaces Needed: \_\_\_\_\_ Any Overnight Parking?: \_\_\_\_\_

Please list any Hazardous Substances that will be inside the premises and the approximate amounts:

\_\_\_\_\_

- Premises will be a:
- a) First time location
  - b) Expansion of an existing business
  - c) Relocation of an existing business

- 3. Contact Information:**
- Name of Signor (1): (First, MI, Last) \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Driver's License: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Have you filed bankruptcy? Yes \_\_\_ No \_\_\_      Convicted of a Felony? Yes \_\_\_ No \_\_\_  
 If so, where and when? \_\_\_\_\_



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Name of Signor (2): (First, MI, Last) \_\_\_\_\_

Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you filed bankruptcy? Yes \_\_\_ No \_\_\_      Convicted of a Felony? Yes \_\_\_ No \_\_\_

If so, where and when? \_\_\_\_\_

**4. Please provide these documents:**

- Articles of Incorporation or Business License
- 2 years of Business Financial Statement or Individual Tax Returns
- Copy of Most Recent Bank Statement
- If a start-up business, provide a business plan and description of funds available

# PERSONAL FINANCIAL STATEMENT

Name:		Business Phone:	
Residence Address:		Residence Phone:	
City, State, ZIP:		Other Phone:	

Business Name of Applicant:	
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ASSETS	LIABILITIES
Cash on Hand and In Bank	Accounts Payable
Savings Accounts	Notes Payable to Banks and Other s (Section 2)
IRA or Other Retirement Account	Installment Account (Auto) – Monthly Payment \$ _____
Accounts & Notes Receivable	Installment Account (Other) – Monthly Payment \$ _____
Life Insurance – Cash Value Only (Section 8)	Loans on Life Insurance
Stocks & Bonds (Section 3)	Mortgages on Real estate (Section 4)
Real Estate (Section 4)	Unpaid Taxes (Section 6)
Automobile(s) – Present Value	Other Liabilities (Section 7)
Other Personal Property (Section 5)	TOTAL LIABILITIES
Other Assets (Section 5)	NET WORTH
TOTAL	TOTAL

SECTION 1: SOURCES OF INCOME	CONTINGENT LIABILITIES
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims and Adjustments
Real Estate Income	Provision of federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1:

\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted towards total income.

SECTION 2: NOTES PAYABLE TO BANKS AND OTHERS				(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).		
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc)	How Secured or Endorsed Type of Collateral	

SECTION 3: STOCKS AND BONDS					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
SECTION 4: REAL ESTATE OWNED					
	Property A	Property B	Property C		
Type of Property					
Name & Address of Title Holder					
Date Purchased					
Original Cost					
Present Market Value					
Name & Address of Mortgage Holder					
Mortgage Balance					
Amount of Payment (Month/Year)					
Status of Mortgage					
SECTION 5: OTHER PERSONAL PROPERTY AND OTHER ASSETS					
SECTION 6: UNPAID TAXES					
SECTION 7: OTHER LIABILITIES					
SECTION 8: LIFE INSURANCE HELD			(Face amount, cash surrender value, insurance company and beneficiary)		

Signature:	Date:
Signature:	Date: