REAL PROPERTY MANGEMENT MAGIC VALLEY 161 5TH AVENUE SOUTH #105 TWIN FALLS, IDAHO 83301 (208) 734-4001 phone (208) 734-0524 fax

LEASE APPLICATION Please complete, sign and fax to (208) 734-05	524 or email to joann@cjprops.com
Business Name:	Entity: Partnership Sole Proprietorship Corporation
Address:	Tax I.D.#
City:	Office Phone:
State: Zip:	Fax:
Business Description:	
Date Established: Date Incorporated	: State of Inc # of Employees:
1st. Principal:	Private Office #: Cell #:
Title:	Share of Business: Home #:
Home Address:	Social Security #:
City: State : Zip: _	Date of Birth:
E-mail:	Home #: Driver License #:
Signature:	Previouse Home Address:
2nd. Principal:	Private Office #: Cell #:
Title:	Share of Business: Home #:
Home Address:	Social Security #:
City: State : Zip: _	Date of Birth:
E-mail:	
Signature:	Previouse Home Address:
3rd. Principal:	Private Office #: Cell #:
Title:	Share of Business: Home #:
Home Address:	Social Security #:
City: State : Zip: _	Date of Birth:
E-mail:	Home #: Driver License #:
Signature:	Previouse Home Address:
CREDIT REFERENCES	
Company:	
Contact:	Title:
Address:	Accout #:
City: State : Zip: _	Annual Volume:
Phone: Fax:	Terms:
Company:	
Contact:	Title:
Address:	Accout #:
City: State : Zip: _	Annual Volume:
Phone: Fax:	Terms:
Company:	
Contact:	ent.
Address:	Accout #:
City: State : Zip: _	Annual Volume:
Phone: Fax:	Terms:

NEAREST RELATIVE NOT LIVING W	/ITH YOU						
Company:			_ Company:				
Contact:			_ Contact:				
Address:			Address:				
City:	State:	Zip:	City:		State:	Zip:	
Phone:	Email:		Phone:		E-mail:		
BANK REFERENCES							
Bank:			Account:		Account:		
Contact:	Title:		_ Account Type: _		Account Type:		
Address:			_ Balance:		Balance:		
City:	State:	Zip:	_ Account Age: _		Account Age:		
Phone:			Fax:				
Bank:					Account:		
Contact:			_ Account Type: _		Account Type:		
Address:			_ Balance:		Balance:		
City:			_ Account Age: _		Account Age:		
Phone:			Fax:				
LANDLORD REFERENCES							
Company:			_ Lease Location:				
Contact:			Years of Tenanc	y:			
Address:				:		NNN/Gross/FSG	
City:	State:		_ Zip:	Size of Premises:			
Phone:	Fax:			Permission to Contact La	andlord:		
Company:			_ Lease Location:				
Contact:			_ Years of Tenanc	y:			
Address:			_ Monthly Rental	:		NNN/Gross/FSG	
City:	State:		_ Zip:	Size of Premises:			
Phone:	Fax:			Permission to Contact La	andlord:		
CORPORATE LITERATURE							
Along with the Lease Application,	submit company profile	material and pro	duct brochures.				
CORPORATE TAX RETURNS							
Two years of Corporate Tax Returns must accompany the Lease Application.							
PERSONAL TAX RETURNS							
Two Years of Personal Tax Return:	s must accompany the Le	ase Application	if an Individual is	part of the Lease.			
FINANCIAL STATEMENTS							
Two years of current year to date	Profit & Loss and Balanc	e Sheet Stateme	nts must be subn	nitted.			
FINANCIAL STATEMENTS							
Are your personal assests held in	a living trust?						
Do you have any outstanding judg	gments?						
In the last 7 years, have you been	declared bankrupt?						
Have you had property forclosed	or given title or deed in li	eu thereof?					
Are you a co-maker or endorser o							
Are you a party in a law suit?							
1							

Are you obligated to pay alimony, child support or separate maintenance?						
s any of the down payment of your home borrowed?						
Have you ever been a defendant in an unlawful detainer and/or breach of cor	ntact lawsuit?					
Have you filed Bankruptcy?						
f yes, which chapter? 7 11 13						
Filing Date:						
charge Date: If not, why?						
Have you compromised a debt?						
Have you had a vehicle repossessed?						
If this is a statement of you and your spose, are any assets your spouse's separate property?						
What assets are held in Joint Tenancy?						
Are any of your assets held in trust?						
ACCETC	AMOUNT	LIADILITIES	AMOUNT			

Are any of your assets	s held in trust?					
	ASSETS		AMOUNT	LIABILITIES		AMOUNT
Cash in Banks (detail)			Notes Payable			
				Accounts payable		
Accounts Receivable						
				Income Tax Payable	!	
Notes Receivable				Other Taxes Payable		
Securities Owned				Loans of Life Insurance		
Cash Surrender Value	of Life Insurance			Mortgages or Liens on Real Estate		
Real Estate				Installment Contrac	t Payable	
Automobiles				Credit and Charge Cards		
Personal Property				Other Liabilities (details)		
IRA Account						
Other Assets (detail)						
					Total Liabilities	
				Net Worth		
		TOTAL			TOTAL	
	ANNUAL INCOME		ANNUAL EX	(PENDITURES CONTINGENT L		ABILITES
Employment Income			Property Taxes/Assess		As Endorser	
			Income Other Taxes		As Guarantor	
Dividends			Mtg. Pmts. Interest		On Damage Claims	
Interest			Other Contract Pmts		For Taxes	
Rentals			Insurance		Other (detail)	
Alimony, child support or separate maintenance		Living Expenses				
Other						
			Alimony, Child Support			
			Other			
			•	-	•	

			Check here if none	
TOTAL INCOME		TOTAL EXPENDITURES	TOTAL CONTENGENT LIABILITES	