

Herb Liverett Companies, Inc.



2400 Manning Street, Suite B, Sacramento, CA 95815 / 916.485.5575 / e-mail: liverett.herb@gmail.com

Tuesday, December 15, 2015

Dear Prospective Tenant:

Please fill out the attached lease application as completely as possible and sign it.

Please request from your current commercial landlord a ledger which contains rent postings and payment history for the last 24 months of your occupancy. Please have your landlord's representative include their contact information and sign and date the rental history.

Please send return both items by FAX at 916-485-5575 or by email at liverett.herb@gmail.com.

Landlord and Tenant acknowledge that this documentation is not a Lease and that this is intended as the basis for the preparation of a Lease by Landlord. The Lease shall be subject to Landlord's and Tenant's approval, and only a fully executed Lease shall constitute a Lease for the Premises. Broker makes no warranty or representation to Landlord or Tenant that acceptance of this documentation will guarantee the execution of a Lease for the Premises.

Thank you for your cooperation.

Regards,

A handwritten signature in black ink, appearing to read 'Herb Liverett', with a stylized flourish at the end.

Herb Liverett

HERB LIVERETT COMPANIES, INC. www.callherb.com	COMMERCIAL APPLICATION TO RENT	(916)485-5575 / (916)485-6788 FAX liverett.herb@gmail.com
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LAST NAME		FIRST NAME		MIDDLE NAME		HOME PHONE ()			
BUSINESS NAME				BUSINESS WEBSITE				BUSINESS PHONE ()	
DATE OF BIRTH		DRIVERS LICENSE NO.		D/L STATE		D/L EXPIRATION		CELL PHONE ()	
OTHER IDENTIFICATION				EMAIL ADDRESS				SOCIAL SECURITY NUMBER	
HOME ADDRESS				CITY		STATE		ZIP	
LANDLORD/OWNER/PROPERTY MANAGEMENT COMPANY				L/O/PM PHONE				L/O/PM FAX	
PRESENT BUSINESS ADDRESS				CITY		STATE		ZIP	
LANDLORD/OWNER/PROPERTY MANAGEMENT COMPANY				L/O/PM PHONE				L/O/PM FAX	
L/O/PM EMAIL ADDRESS				MOVE IN DATE				ESTIMATED MOVE-OUT DATE	
REASON FOR MOVING								CURRENT RENT \$ /MONTH	
TYPE OF BUSINESS YOU WILL BE OPERATING									
CURRENT INSURANCE CARRIER & POLICY NUMBER									
DESIRED MOVE IN DATE			DESIRED LEASE TERM				SQUARE FOOTAGE NEEDED		
SPACE REQUIREMENTS									
PRESENT SOURCE OF INCOME (EMPLOYER)									
EMPLOYER ADDRESS				CITY		STATE		ZIP	
SUPERVISOR NAME			SUPERVISOR PHONE			SUPERVISOR EMAIL ADDRESS			
CURRENT GROSS INCOME (CHECK ONE) \$ <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR									
OTHER SOURCE OF INCOME (EMPLOYER)									
ADDRESS				CITY		STATE		ZIP	
OTHER INCOME AMOUNT (CHECK ONE) \$ <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR					DURATION OF INCOME				
PREVIOUS SOURCE OF INCOME (IF LESS THAN TWO YEARS AT CURRENT EMPLOYER)							HOW LONG WITH THIS EMPLOYER?		
EMPLOYER ADDRESS				CITY		STATE		ZIP	
SUPERVISOR NAME			SUPERVISOR PHONE			SUPERVISOR EMAIL ADDRESS			

OFFICE USE ONLY BELOW THIS SECTION

DATE/TIME RECEIVED	FEE PAID	RECEIVED BY	CO-APPLICANTS	PROPERTY	DESIRED MOVE IN DATE
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LOANS AND CHARGE ACCOUNTS (CREDITORS, CREDIT CARDS, AUTO, ETC)	
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1) NAME OF CREDITOR	ADDRESS
MONTHLY PAYMENT	PHONE ()
2) NAME OF CREDITOR	ADDRESS
MONTHLY PAYMENT	PHONE ()
3) NAME OF CREDITOR	ADDRESS
MONTHLY PAYMENT	PHONE ()
4) NAME OF CREDITOR	ADDRESS
MONTHLY PAYMENT	PHONE ()

BANK NAME	TYPE CHECKING / SAVINGS	ACCOUNT #	BANK ADDRESS

IN CASE OF EMERGENCY NOTIFY	RELATIONSHIP	PHONE	ADDRESS

PERSONAL REFERENCES	YEARS KNOWN	PHONE	ADDRESS

AUTOMOBILE MAKE / MFG	MODEL	YEAR	LICENSE PLATE NUMBER

GENERAL INFORMATION		
HAVE YOU EVER FILED FOR BANKRUPTCY?	YES	NO
HAVE YOU EVER BEEN A PRINCIPAL OR GUARANTOR OF A FIRM THAT DECLARED BANKRUPTCY?	<input type="checkbox"/>	<input type="checkbox"/>
ARE ANY ASSETS HELD IN TRUST? IF YE, PLEASE INCLUDE A COPY OF THE FIRST AND LAST PAGE OF THE TRUST AGREEMENT.	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU PARTY TO ANY CLAIMS OR LAWSUITS	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU A CO-SIGNER OR GUARANTOR OF ANY OTHER DEBT?	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU CURRENTLY AND EXECUTIVE OFFICER OR ON THE BOARD OF DIRECTORS OF ANY BANK, THRIFT OR S & L? IF YES, PLEASE DESCRIBE:	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL FINANCIAL STATEMENT

ASSETS OF APPLICANT	AMOUNT	JOINT OWNERSHIP W/SPOUSE	LIABILITIES OF APPLICANT	AMOUNT	JOINT OWNERSHIP W/SPOUSE
CASH IN BANK ACCOUNTS		<input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL REVOLVING CREDIT (BALANCES OWED ON CREDIT CARDS OR CREDIT LINES)		<input type="checkbox"/> YES <input type="checkbox"/> NO
STOCK/BONDS/MUTUAL FUNDS (INCLUDE COPIES OF BROKER'S STATEMENT)		<input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL INSTALLMENT LOANS (AUTO/ PERSONAL OR OTHER MONTHLY PYMT. LOANS)		<input type="checkbox"/> YES <input type="checkbox"/> NO
RETIREMENT ACCOUNTS (IRA, SEP, KEOGH, 401-K)		<input type="checkbox"/> YES <input type="checkbox"/> NO	1 ST MORTGAGE ON RESIDENCE		<input type="checkbox"/> YES <input type="checkbox"/> NO
RESIDENCE MARKET VALUE		<input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER MORTGAGES ON RESIDENCE (INCLUDE LOANS OR EQUITY LINES OF CREDIT)		<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER REAL ESTATE MARKET VALUE (TOTAL FROM SCHEDULE ON NEXT PG.)		<input type="checkbox"/> YES <input type="checkbox"/> NO	MORTGAGE(S) ON OTHER REAL ESTATE (TOTAL FROM SCHEDULE ON NEXT PG.)		<input type="checkbox"/> YES <input type="checkbox"/> NO
VEHICLES (PLEASE DESCRIBE)		<input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER LIABILITIES		<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER ASSETS (PLEASE DESCRIBE)		<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER ASSETS (PLEASE DESCRIBE)		<input type="checkbox"/> YES <input type="checkbox"/> NO	CONTINGENT LIABILITIES (PLEASE DESCRIBE)		<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER ASSETS (PLEASE DESCRIBE)		<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
TOTAL ASSETS		<input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL LIABILITIES		<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU OWN 25% OR MORE OF ANOTHER COMPANY?		<input type="checkbox"/> YES <input type="checkbox"/> NO	COMPANY NAME (PLEASE ATTACH TAX RETURNS FOR ALL)		

REAL ESTATE HOLDINGS (ATTACHED SEPARATE SCHEDULE FOR ADDITIONAL PROPERTIES)

PROPERTY TYPE:	SF=SINGLE FAMILY	MF=MULTI-FAMILY	C=COMMERCIAL/INDUSTRIAL	L=LAND/ACREAGE
PROPERTY TYPE	RESIDENCE <input type="checkbox"/> SF <input type="checkbox"/> MF	VACATION RENTAL <input type="checkbox"/> SF <input type="checkbox"/> MF <input type="checkbox"/> C <input type="checkbox"/> L	VACATION RENTAL <input type="checkbox"/> SF <input type="checkbox"/> MF <input type="checkbox"/> C <input type="checkbox"/> L	
PERCENTAGE OF OWNERSHIP	%	%		
CO-OWNED W/ SPOUSE (INDICATE YES OR NO)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
PROPERTY ADDRESS CITY, STATE, ZIP CODE				
DATE PURCHASED				
PURCHASE PRICE				
ESTIMATED MARKET VALUE				
1 ST MORTGAGE BALANCE				
LENDER				
PAYMENT 1 ST MORTGAGE				
ALL OTHER MORTGAGE/LIENS (INCLUDE LOANS OR EQUITY LINES OF CREDIT)				
LENDER				
PAYMENTS				
ON OTHER MORTGAGES				
ANNUAL PROPERTY TAXES/INSURANCE				
GROSS MONTHLY RENT				

SIGNATURE

APPLICANT SIGNATURE: _____ DATE: _____

Applicant authorizes verification of the above items, but not limited to, the obtaining of a credit report, and agrees to furnish additional credit references upon request. Applicant to allow Owner / Agent to disclose tenancy information to previous or subsequent Owner / Agents.