



APPLICATION FOR LEASE

**To: Real Estate Department
The Presidio Trust
34 Graham Street
Post Office Box 29052
San Francisco, CA 94129
Telephone: (415) 561-5335
Fax: (415) 561-2716**

Please Print Legibly or Type

Date: _____

Application hereby is made to lease approximately _____ square feet of

Building _____ located at _____

for a term of _____
(months/years)

for the following use(s): _____

I. LEGAL STATUS/ADDRESS OF PROPOSED TENANT

Full Legal Name Of Proposed Tenant : _____

Current Business Address: _____

City _____ State _____ Zip _____

Telephone: (____) _____

Fax: (____) _____

Contact Person: _____ (____) _____
Name Telephone

FICTITIOUS BUSINESS NAME STATEMENT, if applicable: If not, check N/A _____

Operating Name: _____

When/Where Filed? _____

TENANT is a:

____ Corporation ____ Mutual Benefit ____ Sub S ____ Not-for-Profit
____ Partnership: ____ General ____ Limited
____ Limited Liability Company (LLC)
____ Limited Liability Partnership (LLP)
____ Sole Proprietor(s)
____ Franchise
____ Other _____

IF TENANT IS A CORPORATION OR LLC PLEASE COMPLETE THE FOLLOWING:

State of Incorporation: _____

Date of Incorporation: _____

If corporation is listed on an exchange, which one? _____

Agent for Service of Process:

Name: _____

Address: _____

LIST ALL OFFICERS AND DIRECTORS OF THE CORPORATION OR MEMBERS OF THE LLC:

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

IF TENANT IS A GENERAL OR LIMITED PARTNERSHIP, PLEASE LIST ALL GENERAL PARTNERS:

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

If a corporation, attach a copy of the Statement By Domestic Stock Corporation.

If an LLP or LLC, attach a copy of the Articles of Organization.

WHO WILL SIGN THE LEASE?

Print Name _____

Print Title _____

(If Tenant is a corporation, the signatory must be a person who is authorized by the corporation to enter into contracts).

HAS THE PROPOSED TENANT EVER HAD A LEASE OR LICENSE WITH THE PRESIDIO TRUST? (YES) _____ (NO) _____

For Leasing Manager Use Only:

Name & Date of Lease/License _____

Lease/License No. _____

Status of Account: _____

II. FINANCIAL INFORMATION ABOUT PROPOSED TENANT

A. FINANCIALS/TAX RETURNS

The Proposed Tenant shall provide audited financial statements, including Balance Sheets and Profit & Loss statements, for the past three (3) years. If audited financials are not available, please submit income tax returns.

_____ Attached
_____ Not Attached _____
(Explain)

B. BANK REFERENCE(S)

Please complete this information on page 9.

C. ASSETS OF PROPOSED TENANT

(1) LIST ALL REAL PROPERTY OWNED BY THE PROPOSED TENANT:

_____ Value: \$ _____
Describe

_____ Value: \$ _____
Describe

(2) LIST ALL AUTOMOBILES OWNED BY THE PROPOSED TENANT:

Make/Model/License No. _____ Value: \$ _____

Make/Model/License No. _____ Value: \$ _____

(3) LIST ALL OTHER ASSETS OWNED BY THE PROPOSED TENANT:

_____ Value: \$ _____
Describe

_____ Value: \$ _____
Describe

(4) LIST ANY INTEREST THE PROPOSED TENANT HAS IN OTHER BUSINESSES, AND GIVE ADDRESSES AND PHONE NUMBERS THEREOF:

D. LIABILITIES OF PROPOSED TENANT

LIST ALL LIABILITIES OF THE PROPOSED TENANT (loans, mortgages, credit card accounts, etc.):

_____ Amount: \$ _____
Describe

E. BANKRUPTCY

Has the Proposed Tenant ever filed for bankruptcy protection?
(YES) _____ (NO) _____

When? _____

Where? _____

If Yes, Explain Details: (e.g. Chapter 7, 11, 13) _____

Current Status of Bankruptcy:

Satisfied: (YES) _____ (NO) _____

Explain: _____

THIS APPLICATION MUST BE SIGNED, DATED AND ACCOMPANIED BY A CHECK FOR THE SECURITY DEPOSIT IN AN AMOUNT EQUAL TO TWO (2) MONTHS' RENT. THE SECURITY DEPOSIT IS FULLY REFUNDABLE IF THE PARTIES DO NOT ENTER INTO A LEASE. THE APPLICANT HEREIN UNDERSTANDS AND AGREES THAT PAYMENT OF A SECURITY DEPOSIT SHALL IN NO WAY BE CONSTRUED AS AN AGREEMENT, OBLIGATION OR ACCEPTANCE TO LEASE BY THE PRESIDIO TRUST.

**THE UNDERSIGNED APPLICANT, BEING THE PROPOSED TENANT HEREIN,
HEREBY DECLARES UNDER PENALTY OF PERJURY THAT THE INFORMATION
SET FORTH IN THIS APPLICATION FOR LEASE IS TRUE AND CORRECT.**

IF INDIVIDUAL(s):

_____ Dated: _____
(Signature)

Print Name _____

_____ Dated: _____
(Signature)

Print Name _____

IF CORPORATION, PARTNERSHIP, LLC OR LLP,

Print Name of Entity

By _____ Dated: _____
(Signature)

Print Name & Title _____

DID YOU REMEMBER TO INCLUDE:

- **Articles Of Organization?**
- **Statement of Domestic Stock Corporation?**
- **Audited Financial Statements of company (3 years) OR Tax Returns (three years)?**
- **Security Deposit?**

**PERSONAL DATA QUESTIONNAIRE FOR
PARTNERS, INDIVIDUALS & GUARANTORS**

** A Personal Data Questionnaire must be completed and signed by each general partner if the proposed tenant is a partnership, by each individual if the proposed tenant is a sole proprietorship or tenancy in common, and by each guarantor if required (see below).

A guarantor may be required if the proposed tenant (1) does not have sufficient credit to meet the obligations of the lease, or (2) is a corporation which is not listed on any exchange and an audited balance sheet is not available, or (3) is a corporation and the tangible net worth thereof does not exceed \$25,000, or (4) is a corporation and the working capital thereof is less than the amount necessary to operate the business for six (6) calendar months.

Please duplicate this form for all persons who are required to submit a Personal Data Questionnaire **

NAME _____

NAME OF PROPOSED TENANT IF DIFFERENT FROM ABOVE:

NAME OF SPOUSE: _____

GUARANTOR: _____

Relationship to Proposed Tenant: _____

DATE OF BIRTH: _____ **SS#:** _____

DRIVER'S LICENSE: NUMBER: _____ **STATE:** _____ **EXPIRES:** _____

HOME ADDRESS: _____

City _____ State _____ Zip _____
Telephone (____) _____

SELF-EMPLOYED? (YES) _____ (NO) _____

List business or employer below:

NAME OF BUSINESS: _____

PREVIOUS EMPLOYER _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ HOW LONG? _____

BANK REFERENCE(S)

Please complete this information on page 9.

LIST ALL REAL PROPERTY IN WHICH YOU OWN AN INTEREST:

_____ Value: \$ _____
Describe

_____ Value: \$ _____
Describe

LIST ALL AUTOMOBILES IN WHICH YOU OWN AN INTEREST:

_____ Value: \$ _____
Make/Model/License No.

_____ Value: \$ _____
Make/Model/License No.

LIST ALL OTHER ASSETS WHICH YOU OWN:

_____ Value: \$ _____
Describe

_____ Value: \$ _____
Describe

PLEASE LIST ANY INTEREST YOU HAVE IN ANY BUSINESSES, AND GIVE ADDRESSES AND PHONE NUMBERS THEREOF:

PLEASE LIST ALL OUTSTANDING DEBTS:

_____ Amount: \$ _____
Describe

HAVE YOU EVER FILED BANKRUPTCY (YES) _____ (NO) _____

When? _____

Where? _____

If Yes, Explain Details: (e.g. Chapter 7, 11, 13)

Current Status of Bankruptcy:

Satisfied: (YES) _____ (NO) _____

Explain: _____

I declare under penalty of perjury that the information contained in this Personal Data Questionnaire is true and correct.

_____ Dated: _____
(Signature)

Print Name _____

AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION

The undersigned hereby authorizes the companies and/or individuals listed below and on the reverse side to release to THE PRESIDIO TRUST (34 Graham Street Post Office Box 29052 San Francisco, CA 94129) all pertinent and confidential information concerning the credit standing or account status of:

Name of Proposed Tenant _____

Authorized Signature _____ Date: _____

Print Name & Title _____

(1) NAME OF BANK OR S&L: _____

Branch: _____

Address: _____

City State Zip

Telephone: () _____ Contact Name: _____

Account # _____

Type of Account _____

(2) NAME OF BANK OR S&L:

Branch: _____

Address: _____

City State Zip

Telephone: () _____ Contact Name: _____

Account # _____

Type of Account _____

(2) LAST BUSINESS LANDLORD:

Name _____

Address: _____

Telephone: () _____

ADDRESS OF PREVIOUS TENANCY: _____

City State Zip

LENGTH OF TIME: FROM _____ TO _____

MONTHLY AMOUNT: \$ _____

(4) NAME OF COMPANY: _____

Address: _____
City State Zip _____
Telephone: (____) _____

(5) NAME OF COMPANY:

Address: _____
City State Zip _____
Telephone: (____) _____

(6) NAME OF COMPANY:

Address: _____
City State Zip _____
Telephone: (____) _____