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**LEASE APPLICATION FOR CORPORATIONS, SOLE PROPRIETORS AND PARTNERSHIPS**

(PLEASE TYPE OR PRINT)

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**PERSONAL INFORMATION:** (All partners of a partnership, sole proprietors, and personal guarantors or a corporate lease are required to complete this section.)

Full Legal First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship to company: \_\_\_\_\_ Spouse's First Name: \_\_\_\_\_  
Home address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Previous Home Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_  
Personal Checking Account #: \_\_\_\_\_ Average Balance: \$ \_\_\_\_\_  
Bank Branch Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Savings Account #: \_\_\_\_\_ Average Balance: \$ \_\_\_\_\_  
Bank Branch Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name of Nearest  
Relative Not Living With You: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Their address: \_\_\_\_\_

**BUSINESS INFORMATION:**

Name of Company: \_\_\_\_\_  
Type of Company: Corporation with Personal Guarantee  Sole Proprietorship  Partnership   
Year Company was Formed: \_\_\_\_\_  
Description of Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Company Checking Account #: \_\_\_\_\_ Average Balance: \$ \_\_\_\_\_  
Bank Branch Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Current Landlord Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please attach current Financial Statement (Balance Sheet and Income Statement) and two years of Tax Returns. If these are not attached, please state why: \_\_\_\_\_

The representations of fact contained in this application are considered part of the Lease and are true and correct. If any Information herein contained is discovered to be false or misleading, the lease made on the strength of this application may, at the option of the Landlord, be terminated at any time. Additionally, the Landlord, or the Landlord's agent, is hereby granted permission to verify all credit/personal information and to obtain any credit reports deemed necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2251 San Diego Ave. | San Diego, CA 92110  
Office | (619) 299-5835 | [manager@leaseoldtown.com](mailto:manager@leaseoldtown.com)  
[www. Leaseoldtown.com](http://www.Leaseoldtown.com)



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**NOTICE TO CONSUMER**

(PLEASE COMPLETE THOROUGHLY, COMPLETELY, AND LEGIBLY AND SIGN BELOW)

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Thank you for seeking a rental or leasing relationship with Old Town Plaza Investors, L.P. and Peregrine Realty Partners, Inc.

In compliance with State and Federal laws, we are hereby notifying you that a CONSUMER REPORT, and/or INVESTIGATIVE CONSUMER REPORT may be obtained for use in the evaluation and/or continuing re-evaluation of our decision to accept your personal guarantee for the rental or lease of our property, the extension of credit in the form of providing tenant improvements, pro-rated and 'financed' through the lease terms, and may be obtained for collection purposes in the event of a default of any of the above.

Inquiries may be made in considering your application, and the ensuing report may contain public/semi-public or private information, identification information, credit information, or other information, which could adversely affect your potential for an association with us. The report will only be obtained, according to your written instruction(s), below.

You have the right to make a direct written request to obtain copies of any reports, which may have been provided by one, or more of the following Consumer Reporting Agencies, which may have contributed to the compilation of the Consumer Report, and/or Investigative Consumer Report:

EXPERIAN (formerly TRW [www.experian.com](http://www.experian.com))  
701 Experian Parkway  
Dallas, TX 75013  
Or call 1-888-397-3742  
TRANSUNION ([www.transunion.com](http://www.transunion.com))  
2 Baldwin Place  
Chester, PA 19022  
1-800-916-8800

EQUIFAX ([www.equifax.com](http://www.equifax.com))  
P.O. Box 740241  
Atlanta, GA 30374-0241  
1-800-675-1111  
APSCREEN Consumer Relations  
P.O. Box 1355  
Newport Beach, CA 92633  
1-800-637-0223

**AGREEMENT AND CONSENT**

I have read this form completely, and I authorize you to obtain a Consumer Report, or Investigative Consumer Report, per the outline of available information, above. I also (by photocopy of this form) authorize Consumer Reporting Agencies, related or unrelated firms, public, private, government, law enforcement and/or other agencies and/or persons to release information in response to these inquiries, and release same from any and all liability in responding to such inquiries. I also fully indemnify any and all of those associated with this consent against any and all direct, indirect, and/or consequential, or other damages which might arise in the course and process of the use of this consent. I understand that I am authorizing this request in accordance with my rights under the Fair Credit Reporting Act, the Fair and Accurate Credit Transactions Act, and the Gramm-Leach-Bliley Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Full Name (Printed): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

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