

APPLICATION AND OFFER TO LEASE PARKING SPACE



1201 Fulton Street, San Francisco, CA 94117 • phone 415-861-0777 • fax 415-931-4048

The undersigned hereby offers to lease the parking space at _____, _____, California, Space #___ at the rental rate of \$_____ per month, with starting date _____. It is understood that the Application is not a Rental or Lease Agreement and Applicant has no rights to said space until a written Parking Lease Agreement duly executed after the approval of this Application.

ALL INFORMATION REQUESTED HEREIN MUST BE PROVIDED

PERSONAL INFORMATION

Name:	Mobile phone:	W phone:
Social Security #:	Date of birth:	Email:
Other names used:	Drivers License #	State:

HOUSING HISTORY (past two years)

Current address:	City:	State	Zip:
Landlord's phone:	Landlord's name:		
How long at current address?	Move-in date:		
Rent paid:	Move-out date:		
Reason for leaving:			

Previous address:	City:	State	Zip:
Landlord's phone:	Landlord's name:		
How long at current address?	Move-in date:		
Rent paid:	Move-out date:		
Reason for leaving:			

EMPLOYMENT INFORMATION

If applicant is self-employed, then we will need the following: if a sole proprietor, then Form 1040, pages 1 & 2, plus Schedule(s) C for the most recent year filed. If a corporation, a Limited Liability Company, a Partnership, a Limited Partnership or any other separate entity on which self-employment income is being evaluated, then the entire return for the most recent year filed.

Current Company Name and Address:		
Position:	Start Date:	End Date:
Gross Monthly Salary:	Supervisor & Contact Tel:	

BANKING INFORMATION

Bank/S&L/Credit Union:	Present Balance:
Branch Address	Account#:
Bank/S&L/Credit Union:	Present Balance:
Branch Address	Account#:

EMERGENCY CONTACT

In case of emergency please notify:		
Relationship:	Daytime Phone:	Email:

VEHICLE INFORMATION (re: vehicle for which parking space lease is being applied)

Make:	
Model:	License Plate #: / State:
Year:	
Color:	
Vehicle Identification Number:	

INSURANCE INFORMATION (re: vehicle for which parking space lease is being applied)

Insurance Agent Name:	Phone:
Insurance Company:	Policy Start Date: / End Date:
Policy Number:	

VERIFICATIONS

Y N

- 1. Has any civil judgment been entered against you in the past ten (10) years?
- 2. Have you filed for bankruptcy in the past ten (10) years?
- 3. Have you ever been evicted or have you ever refused to pay rent for any reason?
 - 4. If accepted, how long do you expect to lease the space? _____ years _____ months
 - 5. How did you hear of this available space? _____
 - 6. What made you decide to apply with us? _____

AGREEMENT

Applicant agrees that Applicant will participate in Landlord's mandatory Electronic Funds Transfer (EFT) program for rent payment, and, before taking possession of the premises, will grant Landlord and/or his agent(s) the necessary authorization to enroll Applicant in the program.

Applicant agrees that prior to executing, and as an ongoing a condition of the parking lease, Applicant must at all times carry liability and property damage insurance that meet California's legal minimums, and must also have his agent provide Landlord with proof of such coverage, and that Applicant must continue to provide such proof of insurance upon renewal of each policy term.

Applicant represents all information contained in this APPLICATION to be true and accurate and understands that owner/manager will rely upon said information when accepting this Application. Applicant hereby authorizes the owner/manager and his employees and agents to verify said information and make independent investigations to determine Applicant's credit, financial and character standing. Applicant hereby releases owner/manager, his employees and agents and any firm or person supplying them with information from any liability whatsoever concerning the release or use of this information and will hold them all harmless from any suit or reprisal whatsoever. All holders of any such information are hereby authorized to release any and all such information they may have concerning Applicant.

Applicant's Signature: _____ Date: _____