



Landlord Protection Service
(800) 525-1988 Fax: (800) 834-5454

CLIENT: LIVERETT MGMT.

ACCOUNT #: 97096

Phone #: (916) 485-5575

Fax #: (916) 485-6788

By execution of this application, I hereby authorize Landlord Protection Service to run a consumer credit report.

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME/INITIAL: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

CURRENT ADDRESS: _____

CITY/STATE/ZIP: _____

PREVIOUS ADDRESS: _____

CITY/STATE/ZIP: _____

IN ORDER TO COMPLY WITH THE CREDIT REPORTING ACT, THE APPLICANT MUST READ AND SIGN THIS FORM BELOW. ORIGINAL SIGNATURE ON THIS FORM IS MANDATORY.

In compliance with the Fair Credit Reporting Act, we are informing you that information as to your character, general reputation and mode of living will be verified. I, as the applicant, represent that the facts set forth on this document are true and complete. I, as the applicant, agree that a complete investigation of all of the information on this document will not constitute an invasion of privacy. I authorize Landlord Protection Service to obtain credit reports, criminal background information and unlawful detainer histories as they pertain to me. Landlord Protection Service has my permission to release information found in this screening process.

Applicant Signature

Date

SIGNATURE OF MANAGER

Date

HERB LIVERETT COMPANIES, INC. www.callherb.com	COMMERCIAL APPLICATION TO RENT	(916)485-5575 / (916)485-6788 FAX liverettco@sbcglobal.net
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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
RESIDENT 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.