



## TENANT APPLICATION

### General Information

Full Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Automobile Make: \_\_\_\_\_ Year: \_\_\_\_\_

Full Name of Co Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Automobile Make: \_\_\_\_\_ Year: \_\_\_\_\_

### Business Information

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Please check the appropriate box: Owner:  Corporation:  Partnership:  Sole Proprietorship:

Date Business Started: \_\_\_\_\_ How long at present address: \_\_\_\_\_

Names of Corporate Officers: \_\_\_\_\_ Title: \_\_\_\_\_

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Owner's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Has applicant or co-applicant been a party to an unlawful action or filed bankruptcy within the last seven (7) years?

Please check the appropriate box: Yes:  No:

If "Yes", please specify when: \_\_\_\_\_

**Bank Accounts:**

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Type of Account \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Bank:

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Type of Account \_\_\_\_\_

Account Number: \_\_\_\_\_

**Credit Information**

Name of Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_

Monthly Payment Amount: \_\_\_\_\_ Balance Due and Owing: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_

Monthly Payment Amount: \_\_\_\_\_ Balance Due and Owing: \_\_\_\_\_

Applicant(s) represent the above-stated information to be true, correct and complete and hereby authorize(s) verification of the information provided.

Applicant (print full name): \_\_\_\_\_

Desired Move Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Co-Applicant (print full name): \_\_\_\_\_

Desired Move Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please email or mail completed form to [reception@teoupland.com](mailto:reception@teoupland.com) or 517 N Mountain Ave. Upland, CA 91786