



## LEASE APPLICATION

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

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ D.L. State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: M F Date of Birth: \_\_\_\_\_  
(Circle One)

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Residence Address: \_\_\_\_\_

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

Own / Rent (Circle One) If rent, please provide the following:

Landlord's name: \_\_\_\_\_

Landlord's phone number: \_\_\_\_\_

Business/Personal Reference: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
(Circle One)

Have you been declared bankrupt in the past 7 years?  Yes  No  
If yes, where? \_\_\_\_\_ Year: \_\_\_\_\_

Are there any unsatisfied judgments against you?  Yes  No  
If yes, to Whom owed? \_\_\_\_\_ Amount (\$): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

## LICENSE INFORMATION

Please fill out the most applicable section for your profession. **ONLY** fill out Section 1, 2 or 3.

<b>SECTION 1</b>	<i>Board of Barbering and Cosmetology - Individual License</i>
Type of License: <input type="checkbox"/> Cosmetologist <input type="checkbox"/> Barber <input type="checkbox"/> Electrologist <input type="checkbox"/> Manicurist <input type="checkbox"/> Esthetician	
License Number: _____ City: _____ State: _____	

<b>SECTION 2</b> <i>(Massage Therapists Only)</i>	<i>California Massage Therapy Council (CAMTC)</i>
Type of License: <input type="checkbox"/> Certified Massage Therapist (CMT) <input type="checkbox"/> Certified Massage Practitioner (CMP)	
License Number: _____ City: _____ State: _____	

<b>SECTION 3</b>	All other licensees or users
Explain Use of Premises: _____	
Does your service require a professional license? Yes / No    If <b>YES</b> , please provide the following: <i>(Circle One)</i>	
Organization/Entity Issuing License: _____	
Contact Information of Organization: _____	
License Number: _____	
City: _____    State: _____	

Reason(s) for leasing a suite at SAGE: \_\_\_\_\_

How did you hear about SAGE/Who referred you: \_\_\_\_\_

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The representations of fact contained in this lease 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 undersigned hereby grants Landlord and/or its representatives/agents authorization to order a credit report and agrees to pay \$20.00 for each report ordered whether or not a lease agreement is executed. *(Please make the check payable to Hyde Commercial)*

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