

ARNEL COMMERCIAL PROPERTIES
Leasing Office: (626) 912-7700

GUARANTOR'S PERSONAL INFORMATION

| | | | |
|--|---|------------------------------|-------------|
| First Name: | _____ | Last Name: | _____ |
| Residence Address: | Street, City, County, State & ZIP _____ | | |
| Phone #: | _____ | Date of Birth: | _____ |
| Driver's License: | _____ | Social Security #: | _____ |
| Spouse's Name: | _____ | Spouse's Social Security #: | _____ |
| Do you own your residence? | Yes _____ No _____ | How Long: | _____ Years |
| Property Value: | _____ | Original Cost: | _____ |
| Lender/Landlord Name: | _____ | Lender/Landlord Phone #: | _____ |
| Has applicant been a party to an unlawful detainer action within the last five years? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | |
| If yes, explain | _____ | | |
| Has applicant filed bankruptcy within the last seven years? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | |
| If yes, explain | _____ | | |
| Has applicant or any proposed occupant ever been convicted of or pleaded no contest to a felony? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | |
| If yes, explain | _____ | | |

BUSINESS INFORMATION

| | | | |
|-----------------------|--|------------------------------------|-------------|
| Full Legal Name: | _____ | | |
| Doing Business As: | _____ | | |
| Address: | Street, City, County, State & ZIP _____ | | |
| Phone Number: | _____ | How Long in Business? | _____ Years |
| Business Entity Type: | Partnership? _____ Sole Proprietor? _____ | Corporation? _____ Other? _____ | |
| Nature of Business: | _____ | | |
| Current Landlord: | _____ | | |
| Contact Name: | _____ | Phone Number: | _____ |

BANK REFERENCES

Please list all business bank account(s):

Bank: _____
 Phone #: _____
 Account Holder: _____

Branch: _____
 Contact: _____
 Account #: _____

Please list all personal bank account(s):

Bank: _____
 Phone #: _____
 Account Holder: _____

Branch: _____
 Contact: _____
 Account #: _____

GUARANTOR'S PERSONAL INFORMATION

ASSETS

Please Attach Supporting Documents

| | |
|--|--|
| Checking / Savings | |
| IRA / 401K | |
| Stocks / Bonds | |
| Accounts Receivable | |
| Real Estate Owned | |
| 1 | |
| 2 | |
| 3 | |
| Vehicles (Describe) | |
| 1 | |
| 2 | |
| 3 | |
| Cash Surrender Value of Life Insurance | |
| Face Value of Life Insurance | |
| Other Assets | |
| 1 | |
| 2 | |

TOTAL ASSETS (A)

\$

ANNUAL INCOME

| | |
|-------------------|--|
| Salary | |
| Bonus/Commission | |
| Rents/Investments | |
| Other Investments | |
| Other Income | |
| 1 | |

TOTAL ANNUAL INCOME

\$

LIABILITIES

| | |
|-----------------------------------|--|
| Revolving Debt (Credit Cards) | |
| Installment Loans (Auto/Personal) | |
| 1st Mortgage on Residence | |
| Other Mortgage on Residence | |
| Mortgages on Other Real Estate | |
| Loans on Life Insurance | |
| Other Liabilities (Describe) | |
| 1 | |
| 2 | |
| 3 | |

TOTAL LIABILITIES (B)

\$

NET WORTH (A - B)

\$

ANNUAL EXPENDITURES

| | |
|------------------------------------|--|
| Real Estate Mortgages (P & I) | |
| Other Loans & Credit Cards | |
| Income, Insurance & Property Taxes | |
| Other Loans & Credit Cards | |
| Investments | |
| Other / Living | |

TOTAL ANNUAL EXPENDITURES

\$

I hereby warrant to Arnel Commercial Properties that this personal financial statement is complete and correct as of the date prepared and fairly represents my financial condition and that I will promptly inform Arnel Commercial Properties of any material changes in the information provided. All information provided will be kept confidential. I hereby authorize the holder of this Personal Lease Application to run my credit as often as is deemed necessary.

By: _____
 APPLICANT'S SIGNATURE

DATE

By: _____
 CO-APPLICANT'S SIGNATURE

DATE