

TENANT GUARANTOR INFORMATION SHEET
FOR INDIVIDUALS, PARTNERSHIPS AND GUARANTORS
NOTE: Please complete separate sheets for both the Tenant and Guarantor

PART I

Project: _____ Building: _____ Suite: _____

Name of Guarantor: _____ Phone: _____

PARTNERSHIP: Limited General – State of Formation: _____

Federal ID: _____ Main Office Address: _____

General Partners:

NOTE: Addresses shown below should be home addresses if general partners are individuals. For a corporate general partner, social security # should be Federal ID#.

	(1)	(2)	(3)
Name:	_____	_____	_____
SS#:	_____	_____	_____
Address:	_____	_____	_____
	_____	_____	_____

- A. FOR PARTNERSHIP, PLEASE ATTACH THREE (3) YEARS OF CURRENT FINANCIAL STATEMENTS, INCLUDING BALANCE SHEET AND INCOME STATEMENT.**
- B. FOR INDIVIDUALS, PLEASE FILL OUT ATTACHED PERSONAL FINANCIAL STATEMENT FORM**

Attached Not Attached – Reason: _____

PART II

Tenant's Trade Name: _____

Nature of Business: _____

Contact for Lease Negotiations: _____ Phone: () _____

Contact for Tenant Improvements (if applicable): _____ Phone: () _____

Current Landlord Name: _____ Phone: () _____

NOTICE TO CONSUMER

(PLEASE COMPLETE THOROUGHLY, COMPLETELY, AND LEGIBLY AND SIGN BELOW)

Thank you for seeking a rental or leasing relationship with our company:_____.

In compliance with State and Federal laws, we are hereby notifying you that a CONSUMER REPORT, and/or INVESTIGATIVE CONSUMER REPORT may be obtained for use in evaluating our decision to accept your personal guarantee for the rental or lease of our property, the extension of credit in the form of providing tenant improvements, pro-rated and 'financed' through the lease terms, guaranty of the lease or rental agreement, retention and/or for collection purposes, in the event of a default of any of the above.

Inquiries may be made in considering your application, and the ensuing report may contain public/semi-public or private information, identification information, credit information, DMV records or other information, which could adversely affect your potential for an association with us. The report will only be obtained, according to your written instruction(s), below.

You have the right to make a direct written request to obtain copies of any reports, which may have been provided by one, or more of the following Consumer Reporting Agencies, which may have contributed to the compilation of the Consumer Report, and/or Investigative Consumer Report (copies of Privacy Policies are available on each website)

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| 1. EXPERIAN (www.experian.com)
701 Experian Pkwy
Dallas, TX 75013; or call:
1-888-397-3742 | 3. EQUIFAX (www.equifax.com)
P.O. Box 740241
Atlanta, GA 30374-0241; or call
1-800-685-1111 |
| 2. TRANSUNION (www.transunion.com)
2 Baldwin Place
Chester, PA 19022; or call:
1-800-916-8800 | 4. APSCREEN (www.apscreen.com)
P.O. Box 80639
Rancho Santa Margarita, CA 92688; or call
1-800-637-0223 |

AGREEMENT AND CONSENT

I have read this form completely, and I authorize you to obtain a Consumer Report, or Investigative Consumer Report, per the outline of available information, above. **I also (by photocopy of this form) authorize Consumer Reporting Agencies**, related or unrelated firms, public, private, government, law enforcement and/or other agencies and/or persons to release information in response to these inquiries, and release same from any and all liability in responding to such inquiries. I also fully indemnify any and all of those associated with this consent against any and all direct, indirect, and/or consequential, or other damages which might arise in the course and process of the use of this consent. I understand that I am authorizing this request in accordance with my rights under the Fair Credit Reporting Act, the Fair and Accurate Credit Transactions Act, and the Gramm-Leach-Bliley Act.

Signed:_____ Date:_____

Full Name (Printed):_____

Social Security Number:_____ Date of Birth (mm/dd/yy):_____

Current Address:_____

City/State/Zip:_____

Telephone Number:_____