

# CALCO MANAGEMENT

## APPLICATION FOR LEASE

As part of our normal review of prospective tenants, we require the following information. In order to expedite the approval of your lease, please complete the information below:

Prospective (Name): \_\_\_\_\_ Tenant

Present Code: \_\_\_\_\_ Address, \_\_\_\_\_ City, \_\_\_\_\_ Zip \_\_\_\_\_

Present Rent: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Current

Name/Phone # of Landlord: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Lease will be in the name of: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual

**If Corporation:** Corporate or Business Bank References:

1. Name & Branch: \_\_\_\_\_  
Account Number(s): \_\_\_\_\_  
Phone Number and Contact: \_\_\_\_\_

2. Name & Branch: \_\_\_\_\_  
Account Number(s): \_\_\_\_\_  
Phone Number and Contact: \_\_\_\_\_

**Corporate Information:** State Incorporated: \_\_\_\_\_  
Corporation Number: \_\_\_\_\_  
Date of Incorporation: \_\_\_\_\_  
Corporate \_\_\_\_\_ Headquarters: \_\_\_\_\_

Person in charge of Leasing: \_\_\_\_\_  
Name(s) and Title(s) of Officer(s) to sign Lease: \_\_\_\_\_

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**If Individual:**

**Social Security Number:** \_\_\_\_\_  
Doing Business As: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Personal Bank Name: \_\_\_\_\_  
Personal Bank Address: \_\_\_\_\_  
Account Number(s): \_\_\_\_\_  
**Driver's License Number:** \_\_\_\_\_ **Birth**

**date:** \_\_\_\_\_

**If Partnership:** List Names of Partners/Titles:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security #'s/Drivers License:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doing Business As:

\_\_\_\_\_

**Credit Reference:** Creditor:

Reference/Title: \_\_\_\_\_  
Purpose/Account #: \_\_\_\_\_

Creditor: \_\_\_\_\_  
Reference/Title: \_\_\_\_\_  
Purpose/Account #: \_\_\_\_\_

**Trade Reference:** Name/Title:

Purpose/Account #: \_\_\_\_\_  
\_\_\_\_\_

Have you ever filed a petition for Bankruptcy: \_\_\_\_\_

If so, explain: \_\_\_\_\_

Have you ever been evicted from a tenancy: \_\_\_\_\_

If so, explain: \_\_\_\_\_

Please attach/email or mail a copy of your past three years of tax returns and latest income statement and balance.

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I hereby certify that the above referenced information is correct and authorize CALCO Management, Inc., to contact the person(s) shown above to verify information. Furthermore, I authorize release to CALCO Management., all information contained in my credit account file and to secure a credit report from any credit reporting agency.

Signed: \_\_\_\_\_

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

Signed: \_\_\_\_\_

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

Signed: \_\_\_\_\_

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

# Westside Credit Services Tenant Screening Application



1020 Wilshire Blvd. Santa Monica Ca 90401

Phone: 310-576-1443 Fax: 888-938-1116

Email: [reports@westsidecreditreports.com](mailto:reports@westsidecreditreports.com)

Hours: 7-Days A Week from 8am - 10pm

Applicant Information (ONE applicant per application)	
*	Applicant Name:
*	Applicant Phone Number:
*	Westside Rentals Username:
*	SSN:
*	Date of Birth:
*	Current Residence Address:
*	City, State, Zip:
*	Approx. Monthly Income:

Landlord Information	
*	Compliant Landlord: CALCO MANAGEMENT
*	Landlord Phone: 213-985-4458
*	Landlord Fax or Email: 213-985.0759/info@calcopm.net
*	Property Address:
*	City, State, Zip:
*	Monthly Rent of the Property:

Tenant Screening Product:	Landlord Selects Product Type		Please Indicate
	Member	Non-member	
Nationwide Bundle (BEST VALUE): Trans Union Credit Check/ Scorecard + Nationwide Criminal + Nationwide Sex Offender + Nationwide Eviction Records + Nationwide Fraud Records!		\$30 PER PERSON (MEMBER OR NON-MEMBER)	*

Applicant represents that statements made are true and correct and here by authorizes verification of references to include but not limited to credit checks, unlawful detainer checks & criminal searches and agrees to furnish additional credit references on request. I authorize verification of the information contained herein solely for the purpose of establishing my qualifications as a tenant. I release anyone verifying such information or providing information, from liability. I authorize and understand that in order to qualify I would be charged for a full screening procedure requested by the landlord/ owner/ agent/ manager. I understand that incomplete or incorrect information provided in the application, may cause a delay in processing and can result in denial of tenancy. Fees are non-refundable.

* Applicant Signature: _____	Date: _____ *
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\* Name (as it appears on card): \_\_\_\_\_

\* Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\* Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Tenant Screening Applications are to be submitted by the **LANDLORD ONLY**. Please make sure all info is filled out, the product you are ordering is indicated and that this application is signed by the applicant!