

TENANT INFORMATION SHEET

Property Reference No.: _____

Move-in Date _____

Lessee(s) Name(s): _____

PLEASE STATE FULL LEGAL NAME WITH ANY NICKNAME(S) FOLLOWING IN PARENTHESIS

Current Information of Lessee(s)/Company Owner(s): (Use reverse side for additional space if needed)

- Mr.
- Mrs.
- Miss

- Mr.
- Mrs.
- Miss

NAME (NICKNAME IN PARENTHESIS)

NAME (NICKNAME IN PARENTHESIS)

POSITION/TITLE

POSITION/TITLE

SOCIAL SECURITY NO./DOB

SOCIAL SECURITY NO./DOB

DRIVER'S LICENSE NO.

DRIVER'S LICENSE NO.

STREET ADDRESS

STREET ADDRESS

CITY, STATE ZIP

CITY, STATE ZIP

HOME TELEPHONE NO.

HOME TELEPHONE NO.

WORK TELEPHONE NO.

WORK TELEPHONE NO.

EMERGENCY CONTACT NAME

EMERGENCY CONTACT NAME

EMERGENCY CONTACT TELE. NO.

EMERGENCY CONTACT TELE. NO.

Current Information of Company:

Company Name/Type of Business _____

Company Address _____

Telephone No.: _____ Fax No.: _____

Accounts Payable Contact (Name) _____

A/P Daytime Telephone No./Ext.: _____

Bank Name: _____ Bank Account No.: _____

Please provide the following with this Tenant Information Sheet (if not already submitted):

- Photocopy of Drivers License (all Lessees/Company Owners)
- Certificate of Insurance for leased premises (see Lease for criteria)
- Payment of Security Deposit and First Month's Rent (see Lease for criteria)