



# STEPHENS PROPERTY MANAGEMENT

1330 N. Broadway, Suite C, Walnut Creek, CA 94596

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[www.spmproperties.com](http://www.spmproperties.com)

## COMMERCIAL APPLICATION

Complete Co-Applicant information for your spouse, but only if 1.(S)he is a Co-Applicant: 2. You are married and want us to consider community property (e.g. you or your spouses wage) to support your application or former spouse: or 3. You are relying on alimony, child support, or maintenance as income to support this credit application.

Property Address: \_\_\_\_\_

### APPLICANT

NAME: Last:	First:	Initial:
<b>SSN or ITIN</b> _____ (Failure to provide Social Security Number may result in our inability to obtain a credit report or other information which would allow us to process your application.)		Date of Birth:
Driver's License No.:	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	
Street Add. & Apt. No.:		
City & State:	Zip:	How Long? Yr.. Mo.
Home Phone:	Work Phone No:	Cell Phone No:
<input type="checkbox"/> Own Home <input type="checkbox"/> Buying Home <input type="checkbox"/> Renting <input type="checkbox"/> Other		Monthly Payment: \$
E-mail Address:		
Employer Name:	Main Phone No.: ( )	
Address:		
Position:	How Long? Yr.. Mo.	Gross Monthly Salary: \$
Previous Employer (If less than two years):	Main Phone No.: ( )	
Address:		
Position:	How Long? Yr.. Mo.	Gross Monthly Salary: \$
Other income. You do not need to list alimony, child support or maintenance unless you want us to consider it in order to obtain credit.		
Other Income: Source:	Amount: \$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
Name of nearest relative not living with you:	Relationship:	
Address:	Phone No.: ( )	

### CO-APPLICANT

NAME: Last:	First:	Initial:
<b>SSN or ITIN</b> _____ (Failure to provide Social Security Number may result in our inability to obtain a credit report or other information which would allow us to process your application.)		Date of Birth:
Driver's License No.:	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	
Street Add. & Apt. No.:		
City & State:	Zip:	How Long? Yr.. Mo.
Home Phone:	Work Phone No:	Cell Phone No:
<input type="checkbox"/> Own Home <input type="checkbox"/> Buying Home <input type="checkbox"/> Renting <input type="checkbox"/> Other		Monthly Payment: \$
E-mail Address:		
Employer Name:	Main Phone No.: ( )	
Address:		
Position:	How Long? Yr.. Mo.	Gross Monthly Salary: \$
Other income. You do not need to list alimony, child support or maintenance unless you want us to consider it in order to obtain credit.		
Other Income: Source:	Amount: \$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually

### ADDITIONAL BANK ACCOUNTS (APPLICANT & CO-APPLICANT)

1. Bank - Savings & Loans - Credit Union:		
Address:	Acct. No.:	
Balance: \$	<input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> IRA <input type="checkbox"/> CD	
2. Bank - Savings & Loans - Credit Union:		
Address:	Acct. No.:	
Balance: \$	<input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> IRA <input type="checkbox"/> CD	

CREDIT HISTORY ( APPLICANT & CO-APPLICANT)				
Home Financed by: 1 st Mortgage		Home Financed by: 2 nd Mortgage		
Name:		Name:		
Address:		Address:		
Loan No.:		Loan No.:		
Balance: \$    Payment: \$		Balance: \$    Payment: \$		
Auto # 1 Financed by:		Auto # 2 Financed by:		
Name:		Name:		
Address:		Address:		
Balance: \$    Payment: \$		Balance: \$    Payment: \$		
Credit Card Co.:		Credit Card Co.:		
Account No.:		Account No.:		
Credit Card Co.:		Credit Card Co.:		
Account No.:		Account No.:		
Creditor:		Purpose of Loan:		
Address:		Monthly Payment: \$		
Creditor:		Purpose of Loan:		
Address:		Monthly Payment: \$		
Other Obligations: Including alimony, child support or maintenance:		Monthly Payment: \$		
Other Debts:		Balance: \$	Payments: \$	
Other Debts:		Balance: \$	Payments: \$	
WHAT IS OWNED (ASSETS)		OWED TO OTHERS (LIABILITIES)		
Bank Name & Acct.:	Bal./ Market Value	List Creditor of All Outstanding Debt	Present Balance	Monthly Payment
Checking:		Auto Loan:		
Checking:		Auto Loan:		
Savings or Certificate:		Bank Credit Cards:		
Savings or Certificate:		Bank Credit Cards:		
Money Fund:		Other Credit Cards:		
Stocks & Bonds/ Description:		Other Loans:		
IRA:		First Mortgage or Rent:		
Auto # 1 (Year/ Make):		Other Mortgage or Liens on Real Estate:		
Auto # 2 (Year/ Make):		Monthly Association Dues:		
Residence (Primary):		All Unpaid Taxes (Specify):		
Real Estate:		Other Exclusions (e.g. Medical bills, Ins. Payments):		
Other Real Estate:		Total Liabilities:		
Other Assets (Describe):				
Total Assets:		Net Worth (Assets - Liabilities)		
<b>Are you a co-signer or guarantor on any obligations not listed of this application?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Have you ever had judgements, garnishments or other proceedings against you?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Have you ever had anything repossessed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    : declared bankruptcy?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Have you ever had credit under another name / state?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If the answer to any question is yes, give details on a separate sheet of paper.</b>				

*Holding deposit will be credited to security deposit or first month's rent if the applicant is accepted and lease is executed. Holding deposit is NON-REFUNDABLE if the application is cancelled by the applicant after 3 days from the date the Holding Deposit is received by SPM.*

*Applicant represents that all above statements are true and correct and hereby authorizes verification of the above items including but not limited to the obtaining of a credit report and agrees to furnish additional credit reference on request.*

**1. X**

**2. X**

<b>Applicant Signature</b>	<b>Date</b>	<b>Applicant Signature</b>	<b>Date</b>
Holding Deposit Rec'd: \$ _____ MO/Cashier Check# _____ Rec'd by (PMLA/RM): _____ Date: _____ <b>ACCOUNTING DEPARTMENT:</b> Received From: _____ Date: _____ Accountant Signature: _____			

**Non-discrimination policy: SPM is an equal opportunity employer, and does not discriminate on the basis of race, color, age, gender, national or ethnic origin, religion, sexual orientation or physical disability.**