

ARNEL COMMERCIAL PROPERTIES
Leasing Office (714) 480-7910

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 Yes
If yes, explain _____
Has applicant filed bankruptcy within the last seven years? No Yes
If yes, explain _____
Has applicant or any proposed occupant ever been convicted of or pleaded no contest to a felony? No Yes
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? _____ Corporation? _____
 Sole Proprietor? _____ Other? _____
Nature of Business: _____
Current Landlord: _____
Contact Name: _____ **Phone Number:** _____

