

Storage or Parking Rental Application

Please fax to: 510-217-6198 before 9:00am next business day after reserving a space.

Questions, please email office@sagepropertyolutions.com.

Storage or Parking Space

Address _____ Unit _____ Rent \$ _____ Desired Start Date _____

Applicant

Full Name (include all names used): _____

Home Phone _____ Work Phone _____ Cell Phone _____

Full Mailing Address _____

Email address: _____

Social Security No. _____ Driver's License Number/State _____

Additional Renters – Others sharing use of the Storage or Parking space with you:

References:

Please provide contact information for two persons of your choice whom we may contact that are either Current or Former Work Supervisor(s) or Current or Former Landlord(s) of yours:

Company Name or Rental Address: _____

Dates There: _____ If no longer there, why? _____ Reference Name: _____

Reference Phone: (____) _____ Fax: (____) _____ Email _____

Company Name or Rental Address: _____

Dates There: _____ If no longer there, why? _____ Reference Name: _____

Reference Phone: (____) _____ Fax: (____) _____ Email _____

Miscellaneous

Have you ever: Been evicted? yes no Filed for bankruptcy? yes no Been Sued? yes no
Been convicted of a crime? yes no *Explain any "yes" answers on back.*

I certify that all the information given above is true and correct and understand that my lease or rental agreement may be terminated if I have made any false or incomplete statement in this application. I authorize verification of the information provided in this application from my credit sources, credit bureaus, current and previous landlords and employers provided, handwriting analysis and personal references.

Date _____ Signed _____