

# LBCF PROPERTIES FOUNDATION

## NONPROFIT CENTER LEASE APPLICATION

NONPROFIT ORGANIZATION NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

PHONE # \_\_\_\_\_ NONPROFIT TAX ID # \_\_\_\_\_ - \_\_\_\_\_

FAX # \_\_\_\_\_ EMAIL \_\_\_\_\_

EXECUTIVE DIRECTOR/CEO OF ORGANIZATION (IF DIFFERENT FROM ABOVE)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE # \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

DESIRED MOVE IN DATE \_\_\_/\_\_\_/\_\_\_ TOTAL DESIRED SQUARE FOOTAGE \_\_\_\_\_ # OF OFFICES \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

ORGANIZATION MISSION STATEMENT \_\_\_\_\_

PROFESSIONAL REFERENCES:

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

OCCUPATION \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

OCCUPATION \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY:

NAME \_\_\_\_\_ CELL\_PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

**REQUIRED WITH THIS APPLICATION:**

**OCCUPATIONAL CLEARANCE CERTIFICATE (OCC) # \_\_\_\_\_**

**Please be advised that an Organizational Clearance Certificate requires the completion of form BOE 277 AND the following:**

**FORMATIVE DOCUMENTS**

Copy of the articles of incorporation and each amendment, if any, certified by the Secretary of State.

**TAX-EXEMPT STATUS LETTER**

Copy of letter(s) evidencing exemption from federal income tax (section 501(c)(3) of the Internal Revenue Code), and/or a copy of the letter evidencing exemption from state franchise or income tax (section 23701d of the Revenue and Taxation Code.)

**FINANCIAL STATEMENTS**

Copy of current operating statement (income and expenses), balance sheet (assets and liabilities), and notes to financial statements for the calendar or fiscal year.

**ACTIVITIES**

Documentation supporting/describing the activities of your organization.

**APPLICANT REPRESENTS THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT AND HEREBY AUTHORIZES VERIFICATION OF THE ABOVE ITEMS INCLUDING, BUT NOT LIMITED TO, OBTAINING A CREDIT REPORT.**

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_**

**SUBMIT THIS APPLICATION TO:**

**LBCF PROPERTIES FOUNDATION, ATTN: TARA SIEVERS, 400 OCEANGATE, SUITE 800, LONG BEACH, CA 90802 OR  
TARA@LONGBEACHCF.ORG**

**QUESTIONS? CALL 562-435-9033**