LBCF PROPERTIES FOUNDATION NONPROFIT CENTER LEASE APPLICATION

NONPROFIT ORGANIZATION NAME_		
CONTACT NAME		
TITLE		A
PHONE #	NONPROFIT TAX ID #	
FAX #	EMAIL	-47
EXECUTIVE DIRECTOR/CEO OF ORGA	NIZATION (IF DIFFERENT FROM ABOVE)	
NAME	TITLE	
PHONE #		
PRESENT ADDRESS		
DESIRED MOVE IN DATE//	TOTAL DESIRED SQUARE FOOTAGE_	# OF OFFICES
REASON FOR MOVING		
ORGANIZATION MISSION STATEMEN	т	
PROFESSIONAL REFERENCES:		
NAME	PHONE #	
OCCUPATION		YEARS KNOWN
NAME	PHONE #	170
OCCUPATION		YEARS KNOWN
IN CASE OF EMERGENCY NOTIFY:		
NAME	CELL_PHONE #	
ADDRESS	WORK BUONE "	

ORGANIZATIONAL 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.

REQUIRED WITH THIS APPLICATION:

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