

**LEASE AGREEMENT**

1. ADDRESS: **28 OXFORD, IRVINE, CA 92612**
2. LENGTH OF STAY: \_\_\_\_\_ Total Nights: \_\_\_\_\_
3. Check in date: \_\_\_\_\_ 3:00 p.m.
4. Check out date: \_\_\_\_\_ 12:00 p.m.
5. CLEANING FEE: **\$100**
6. DAMAGE DEPOSIT: **\$250 RETURNED UPON INSPECTION AT CHEK OUT**
7. NUMBER OF OCCUPANTS: \_\_\_\_\_  
FULL NAME: \_\_\_\_\_  
IDENTIFICATION: \_\_\_\_\_  
Passport # or U.S. I.D., Drivers License Number  
FULL NAME: \_\_\_\_\_  
IDENTIFICATION: \_\_\_\_\_  
Passport # or U.S. I.D., Drivers License Number
8. No pets. No smoking.
9. Tenant shall not disturb, or interfere with other tenants of the building or Neighbors' nor use the premises for any unlawful purposes, nor violate any law and comply with all reasonable rules or regulations posted on the premises or delivered to tenant by manager. Tenant shall keep the premises clean and deliver the premises in a clean condition.
10. Late check in does not extend the check out date. Overstay will be charged the daily rent based on availability.
11. Refund Policy:  
One month before arrival: \$250 charge  
Two weeks before arrival: 75% refund + cleaning fee, + deposit  
One week before arrival: 25% refund + cleaning fee + deposit  
Seventy Two hours before arrival: 10% refund + cleaning fee + deposit  
Upon arrival: refund of cleaning deposit and security deposit.

INSPIRED SPACES, INC.

\_\_\_\_\_  
OCCUPANT

\_\_\_\_\_  
, MANAGER

\_\_\_\_\_  
OCCUPANT

Please charge my credit card \_\_\_ MasterCard \_\_\_ Visa for my stay at the Apt. identified above.  
Name of cardholder: \_\_\_\_\_ (Must be Occupant)  
Card Number: \_\_\_\_\_  
Expiration date: \_\_\_\_\_  
Billing Statement Zip Code: \_\_\_\_\_  
Three Digit Code: \_\_\_\_\_