

## LEASE AGREEMENT

1. ADDRESS: **1017 EUCLID STREET, #3, SANTA MONICA, CALIFORNIA**
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: **\$75**
6. DAMAGE DEPOSIT: **\$200**
5. 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

6. No pets. No smoking.
7. 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.
8. Late check in does not extend the check out date. Overstay will be charged the daily rent based on availability.
9. Refund Policy:
  - One month before arrival: \$100 charge
  - Two weeks before arrival: 75% refund + cleaning fee, + deposit
  - One week before arrival: 50% refund + cleaning fee + deposit
  - Seventy Two hours before arrival: 25% 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: \_\_\_\_\_