

APPLICATION TO LEASE & FINANCIAL STATEMENT FORM

Instructions: Each person signing the Lease Agreement must complete this form. The **signed, original(s)** must be received by Landlord/Landlord's representative. If a fax is sent to expedite the process, please mail the original. **It is important that you complete this form as thoroughly as possible.** Attach any additional/supplemental information available (including photos).

It is the Landlord's prerogative to approve tenants for the shopping center that will best suit the Landlord's investment. This information will be used by the Landlord only, to determine your viability as a tenant (financial stability, previous business experience, planning and preparation, use, design and quality of store).

LAST NAME	FIRST NAME	MIDDLE	SUFFIX	SSN	DOB
PRESENT ADDRESS		CITY	ST	ZIP	<input type="checkbox"/> OWN
					<input type="checkbox"/> RENT
FORMER ADDRESS		CITY	ST	ZIP	<input type="checkbox"/> OWN
					<input type="checkbox"/> RENT

TENANT'S TRADE NAME

SHOPPING CENTER

For the purpose of securing credit with you from time, I submit the following as a true and correct statement of my financial condition on date named above, and agree to notify you of any material changes affecting my financial condition. In the absence of such notice, this shall be considered a continuing statement and my ability to pay has not fallen below the condition herein set forth.

ASSETS		LIABILITIES	
Cash (Schedule A)	\$	Notes Payable (Schedule A)	\$
Stocks & Bonds (Schedule B)	\$	Notes Payable to Relatives (Schedule E)	\$
Retirement Accounts (IRA, 401K)	\$	Notes Payable to Others (Schedule E)	\$
Accounts & Notes Receivable:	\$	Accounts Payable	\$
Due from relatives & friends	\$	Federal & State Income Taxes Payable	\$
Due from others- good	\$	Other Accrued Taxes & Interest	\$
Due from others- doubtful	\$	Mortgages payable (Schedule C)	\$
Real Estate Owned (Schedule C)	\$	Installment Contracts Payable	\$
Mortgages Owned (Schedule D)	\$	Loans against Life Insurance (Schedule F)	\$
Cash Surrender Value Life Insurance (Schedule F)	\$	Other Liabilities (Itemize):	\$
Other Assets (Itemize):	\$		
TOTAL	\$		
Amount of Assets Pledged	\$	Amount of Liabilities Secured	\$
+ ASSETS	- LIABILITIES		= NET WORTH
	\$		\$

Name _____

Date _____

EMPLOYMENT				
Employer			Occupation	
Address				
Phone			Contact	
Annual Income:	Salary	\$	Fees / Commissions	\$
Other Income:				
Are you a partner or officer in any other business or venture?				
Please list names and SSN's of all LLC members or corporate officers, if applicable.				
Age	Marital Status	Spouse's Name	# of Dependents	
Are there any unsatisfied judgments, liens or legal actions pending against you?				
Have you ever declared bankruptcy or made a general assignment? <i>(attach additional page, if necessary)</i>				
As of the date of this financial statement, I have not pledged assigned, hypothecated or transferred the title to any of my assets, except as noted on this form or on a supporting schedule, nor has any such action been taken since that date, except as follows (give details):				
CONTINGENT LIABILITIES				
As endorser or co-maker				
On receivables discounted or sold		As guarantor		
On leases, mortgages or contracts		Unsettled claims		
Other (Itemize)				
BUSINESS REFERENCES				
Company	Contact	Phone		
Company	Contact	Phone		
Company	Contact	Phone		
BANKING REFERENCE				
Bank	Contact	Phone		
Acct. #	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other _____	
Acct. #	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other _____	
Acct. #	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other _____	

Please complete all schedules and fill in all blanks. Insert "None" if appropriate.

SCHEDULE A CASH BALANCES AND BANK LOANS

Bank	Statement Date	Cash Balance	Amount Owed	Acct. # or Type (Unsecured, Guaranty, Collateral)

SCHEDULE B STOCKS AND BONDS

Shares / Bonds	Name of Security	In Name of	Present Market Value	If Pledged, to whom

SCHEDULE C REAL ESTATE OWNED

% of Ownership	Location and Type	Date	Title Holder	Purchase Price	Appraisal	Mortgage Balance

Are there any other liens against any of the property listed above?

Are there any outstanding mortgage payments, interest or taxes?

SCHEDULE D REAL ESTATE MORTGAGES OWNED

Type (1 st , 2 nd , etc.)	Location and Type	Mortgagee of Record	Original Amount	Present Amount	Maturity

Are there any unrecorded assignments?

Are there any outstanding principal payments, interest or taxes?

SCHEDULE E NOTES PAYABLE

Amount	Creditor	Due	Terms	Collateral

Name _____

Date _____

SCHEDULE F LIFE INSURANCE

Face Value	Company	Beneficiary	Policy Type	Cash Value	Loans Against Policy

BUSINESS EXPERIENCE AND PLANS

Do you currently own this type of business / store? _____

If so, how many and where are they located? _____

Please attach photographs of the inside and outside of an existing store. *Required* Attached Not Attached

How many years have you operated this type of business? _____

Are you planning to relocate from a present location? _____

Why have you chosen this location? _____

What is your target market? _____

How do you plan to pay for the construction, fixturing and opening of your store, without depending on sales for the first few months? _____

Do you have a business plan? _____ Attached Not Attached

Do you have a marketing plan? _____ Attached Not Attached

Have you ever filed a lawsuit against a previous Landlord? _____

If so, what were the circumstances? (Attach additional pages as necessary) _____

Please give a brief narrative of your previous experience and the nature and quality of the business that you intend to open in this shopping center:

The foregoing statement (pages 1 through 4) is true and correct and may continue to be considered at least as favorable as shown until otherwise notified in writing by the undersigned.
 This application is to acknowledge that during Landlord's consideration of any Lease Agreement, a credit investigation and background report may be done on each individual and/or entity that will be signing the Lease Agreement. Your signature below grants Landlord complete permission to obtain such reports at Landlord's expense.

I do hereby grant permission to obtain a credit and/or background report.

Date	_____	Signature	_____
		Print Full Name	_____