



Tenant Credit Review Checklist

Shopping Center: _____

Tenant Name: _____

Owner Name(s): _____

Attached you will find the forms necessary to begin the application process to lease space in the above referenced shopping center. Each applicant, and co-applicant and/or spouse, must return the completed forms along with the following documents to the Leasing Director you are working with via email.

	<u>Submitted</u>
• Completed Financial Statement/Application - Attached;	_____
• Completed Personal Credit Release – Attached;	_____
• 2 years of your last filed federal tax returns, personal (and business if applicable);	_____
• Personal Bank statements confirming cash on hand for past 3 months;	_____
• Commitment Letter from Lender (if applicable)	_____
• Copy of valid Driver's License; and,	_____
• \$75 application fee per/applicant (Checks payable to ShopOne Centers Management Co.).	_____

We will process the application as soon as we receive all of the items listed above. If the application is approved, you will be contacted by the Leasing Director assigned to the referenced property, and the appropriate lease document will be drafted and sent to you for review.

Note: The assignment of a current lease requires payment by Assignor and/or Assignee of an Assignment Fee, pursuant to the terms of the current Lease.

Please review the copy of the Fair Credit Reporting Act, and Summary of Your Rights Under the FCRA, provided in the ShopOne Tenant Credit App tab.

Thank you for your assistance in this regard. Please let me know if you have any questions.

Sincerely,

Name: Lisa M. Alexander

Title: VP Lease Administration/Legal

Phone: 567-209-2311

Email: lisa.alexander@ShopOne.com

PERSONAL CREDIT INQUIRY RELEASE

In connection with my application for credit, I understand that an investigative inquiry is to be made on myself, including, but not limited to my consumer credit history.

I understand that the information and reports developed will include my personal credit history. I further understand that for purposes of this inquiry, various sources will be contacted to provide information, including but not limited to various Federal, state, municipal, corporate, private and other agencies, which may maintain records concerning my current and past activities relating to my personal credit performance.

I hereby authorize without reservation any company, agency, party, or other source contacted to furnish the above Information as requested. I do hereby release, discharge and indemnify the prospective creditor, its agents and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses arising from the retrieving and reporting of the requested information.

I am willing and acknowledge that a photocopy of this authorization be accepted with the same authority as the original and this signed release expires one (1) year after the date of origination.

PLEASE PRINT OR TYPE:

BUSINESS NAME:

APPLICANT'S FULL LEGAL NAME:

SOCIAL SECURITY#: _____ DOB: _____

DRIVER'S LICENSE #: _____ STATE: _____

CURRENT STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PRIOR STREET ADDRESS:

CITY/STATE/ZIP: _____

Please SIGN and DATE:

APPLICANT'S SIGNATURE: _____

DATE: _____

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 _____

Name _____

Date _____

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

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*			<input type="checkbox"/> Attached	<input type="checkbox"/> 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?			<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Do you have a marketing plan?			<input type="checkbox"/> Attached	<input type="checkbox"/> 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			