



Commercial Retail Advisors, LLC

TENANT APPLICATION

NAME _____

PROJECT _____

DATE _____

PERSONAL FINANCIAL STATEMENT

NAME _____
 ADDRESS _____
 _____ ZIP _____
 SOCIAL SECURITY HOME _____
 NUMBER _____ PHONE _____
 BIRTH DATE _____ NO. OF DEPENDENTS _____

DATE _____
 EMPLOYER _____ YEARS _____
 POSITION _____ PHONE _____
 PREVIOUS EMPLOYER _____ YEARS _____
 NAME OF SPOUSE _____
 SPOUSE SOCIAL SECURITY NO. _____

IMPORTANT NOTICE: Under Arizona Law, property (including salary and wages) acquired by either a husband or wife during marriage is the community property of both, property acquired before marriage or after marriage by gift or inheritance and the income therefrom is the separate property of the spouse who acquired it.

Community Obligation: This Financial Statement, UNLESS OTHERWISE MARKED BELOW, is our joint Financial Statement in conjunction with a request for credit as a debt of the marital community. Supply all information requested (both spouses sign the Financial Statement).

Sole and Separate Obligation: This Financial Statement, is my SOLE AND SEPARATE Financial Statement, in conjunction with a request of credit as a sole and separate debt of mine, not based on the creditworthiness of the marital community (if any). Give no other information regarding your spouse or co-applicant (if any) except name. (List all your sole and separate assets and income and also all debts for which you are obligated by your signed promise to pay.)

ASSETS		DOLLARS	LIABILITIES		DOLLARS
Cash	Bank Name		Loans payable	Branch Name(s) & collateral	
1)			1)		
2)			2)		
Other cash - give location (s)			3)		
1)			Loans payable to other financial institutions	give name(s) & collateral	
2)			1)		
3)			2)		
Amounts owed to you/Loans payable to you			3)		
(give names)			Accounts payable (include credit card(s) to other firms and	individuals give name (s)	
1)			1)		
2)			2)		
3)			3)		
4)			Taxes payable		
Securities (Schedule B)			Estimated taxes on unrealized gains		
Cash surrender value life insurance (Schedule C)			Real estate indebtedness (Schedule A)		
Vehicles - year and make			Other liabilities (describe)		
1)			1)		
2)			2)		
Real estate (Schedule A)			3)		
Other assets (describe)			4)		
1)			5)		
2)			TOTAL LIABILITIES		\$
3)			Total Assets		\$
4)			TOTAL ASSETS		\$
5)			Net Worth (Assets minus Liabilities)		\$
TOTAL ASSETS		\$			
ANNUAL INCOME*			ANNUAL EXPENDITURES (excluding ordinary living expenses)		
Gross salary			Real estate payment(s) (Schedule A)		
Spouse gross salary			Rent		
Securities income			Income taxes (annual payroll deductions or lump sum payment)		
Rental income			All insurance premiums (Ins. & R.E.. Taxes - not impounded**)		
Other income (describe)			Property taxes (if not "impounded")		
1)			Other expenditures (describe) include payments for vehicles)		
2)			1)		
3)			2)		
4)			3)		
5)			4)		
TOTAL ANNUAL INCOME		\$	5)		
LESS - TOTAL EXPENDITURES		\$	TOTAL ANNUAL EXPENDITURES		\$
NET CASH INCOME		\$	**Impounded insurance premiums and property taxes are amounts held in escrow by the lender for future payments.		
(exclusive of ordinary living expenses)					

*Income from alimony, child support, or maintenance payments need not be revealed if you do not choose to disclose such income in applying for credit. As a creditor, we may inquire whether any income stated in an application is derived from such a source.

CHECK ALL APPLICABLE ITEMS AND GIVE DETAILS (i.e., names, dates and descriptions)

_____ Assets held in joint tenancy - With whom: _____

_____ Assets held in Trust - Name of Trust: _____

_____ Debts of other which you guarantee: _____

_____ Assets encumbered except as indicated: _____

_____ Debt secured except as indicated: _____

_____ Other business connections: _____

_____ Suits or judgements against you: _____

_____ Bankruptcy - Year: _____

_____ Executor of your estate: _____

_____ Other banks with which you do business: _____

SCHEDULE A - REAL ESTATE							
ADDRESS AND DESCRIPTION OF PROPERTY	TITLE IN NAME OF	PURCHASE PRICE	YEAR PURCHASED	ESTIMATED VALUE	INDEBTEDNESSES	ANNUAL PAYMENTS	TO WHOM PAYABLE
1.		\$		\$	\$	\$	
2.							
3.							
4.							

SCHEDULE B - SECURITIES				
NUMBER SHARES OF STOCK/ FACE VALUE OF BONDS	DESCRIPTION - NAME OF COMPANY	EXCHANGE ON WHICH TRADED (IF KNOWN)	CURRENT VALUE - MARKETABLE	ESTIMATED VALUE - UNMARKETABLE
1.			\$	\$
2.				
3.				
4.				

SCHEDULE C - LIFE INSURANCE				
NAME OF INSURED	NAME OF COMPANY	FACE VALUE	CASH SURRENDER VALUE (IF ANY)	BENEFICIARY
1.		\$	\$	
2.				
3.				
4.				

Automobile insurance: Public Liability - Yes No Property Damage - Yes No Comprehensive Personal Liability - Yes No \$ _____

If additional space is needed for Schedule A, Schedule B, and/or Schedule C, list on separate sheet and attached.

In submitting the foregoing statement, both the printed and written portions of which I (we) have carefully read, I (we) guarantee its accuracy with the intent that it be relied upon by Commercial Retail Advisors, LLC or its clients. I (we) warrant that I (we) have no known obligations, direct or contingent, which have not been set forth hereon and that I have not knowingly withheld any material information of an adverse nature. I (we) agree to notify Commercial Retail Advisors, LLC immediately in writing, of any unfavorable change in my financial condition. I (we) hereby authorize Commercial Retail Advisors, LLC or its clients to conduct a credit check and/or background check to provide additional information as to our credit risk.

(Date Signed) (Signature)

(Date Signed) (Signature)

1. Store Name: _____

2. Principal Owners/Officers of Tenant, including wife: Married Single
 Name: _____
 Address: _____
 Phone: (____) _____
 Social Security Number: _____

_____ Last	_____ First	_____ Middle		
_____ Street	_____ City	_____ State	_____ Zip	
_____ Residence		_____ Business		

Principal Owners/Officers of Tenant, including wife:
 Name: _____
 Address: _____
 Phone: (____) _____
 Social Security Number: _____

_____ Last	_____ First	_____ Middle		
_____ Street	_____ City	_____ State	_____ Zip	
_____ Residence		_____ Business		

3. Tenant will be a: _____ Individual d/b/a _____ Limited liability company
 _____ Corporation _____ Non-profit organization
 _____ Partnership _____ Other

4. If a Corporation: Date of Incorporation: _____ State of _____
 (Attach Copy if Available)

5. If Limited Liability Company, Date of Formation: _____ State of _____
 (Attach Copy if Available)

6. If a Partnership: Date of Partnership Agreement: _____ State of _____
 (Attach Copy if Available)

7. Federal Employer Tax Identification #: _____

8. Guarantors under the Lease Agreement shall be:
 Name: _____
 Address: _____
 Phone: (____) _____
 Social Security No. _____

_____ Last	_____ First	_____ Middle	_____ Social Security No.	
_____ Street	_____ City	_____ State	_____ Zip	
_____ Residence		_____ Business		

Name: _____
 Address: _____
 Phone: (____) _____
 Social Security No. _____

_____ Last	_____ First	_____ Middle	_____ Social Security No.	
_____ Street	_____ City	_____ State	_____ Zip	
_____ Residence		_____ Business		

9. This store will be: (Check appropriate box.)
 A. Sole location of tenant.
 B. Second location of tenant.
 C. Tenant is moving to this location and will close present location.
 D. An additional store in a chain of ___ stores.

10. If Tenant has other locations or prior retail locations, list current and past locations and historical sales volume for past 4 years.
 a. Name of Center: _____
 Location: _____
 Sales History: 1999 \$ _____, 2000 \$ _____, 2001 \$ _____
 Landlord: _____ Contact: _____
 Phone: (____) _____ Store Open Since: _____

b. Name of Center: _____
 Location: _____
 Street City State Zip
 Sales History: 1999 \$ _____, 2000 \$ _____, 2001 \$ _____
 Landlord: _____ Contact: _____
 Phone: (____) _____ Store Open Since: _____

c. Name of Center: _____
 Location: _____
 Street City State Zip
 Sales History: 1999 \$ _____, 2000 \$ _____, 2001 \$ _____
 Landlord: _____ Contact: _____
 Phone: (____) _____ Store Open Since: _____

11. Anticipated Date to Occupy Store _____ Opening Date _____ Hours _____ AM to _____ PM

12. Store to be Managed By: _____
 Last First Middle
 How many hours per week will owners be involved: _____ hours Days per week store to be open _____

13. Tenant has been operating under the store name for _____ years in this community and for _____ years in _____

14. Tenant shall use the premises to sell: _____

15. Products/Merchandise to be carried: _____

Principal Suppliers of Merchandise:
 Company/Contact Name: _____
 Address: _____

Street City State Zip
 Phone: (____) _____

Company/Contact Name: _____
 Address: _____

Street City State Zip
 Phone: (____) _____

Company/Contact Name: _____
 Address: _____

Street City State Zip
 Phone: (____) _____

16. List your principal business activities for the past five years. Include any prior retail experience of the owners/manager for the operation of this store: _____

Company _____ Address _____
 Type of Business _____
 Employee From _____ To _____
 Position _____ Annual Salary _____
 Supervisor _____ Telephone (____) _____
 Describe Duties, Responsibilities and Number of Employees Supervised: _____

Company _____ Address _____
 Type of Business _____
 Employee From _____ To _____
 Position _____ Annual Salary _____
 Supervisor _____ Telephone (____) _____
 Describe Duties, Responsibilities and Number of Employees Supervised: _____

17. List the names of three (3) personal, business or supplier references. Permission is granted to contact the following:
- Name: _____ Contact: _____
Address: _____
Street City State Zip
Phone: (____) _____
- Name: _____ Contact: _____
Address: _____
Street City State Zip
Phone: (____) _____
- Name: _____ Contact: _____
Address: _____
Street City State Zip
Phone: (____) _____
18. List the name of Tenants' principal Bank References. Permission is granted to contact the following:
- Bank Name: _____ Contact: _____
Address: _____
Street City State Zip
Phone: (____) _____
- Accounts: _____ Checking _____ Savings _____ Other Accounts
Bank Name: _____ Contact: _____
Address: _____
Street City State Zip
Phone: (____) _____
- Accounts: _____ Checking _____ Savings _____ Other Accounts
Bank Name: _____ Contact: _____
Address: _____
Street City State Zip
Phone: (____) _____
- Accounts: _____ Checking _____ Savings _____ Other Accounts
19. How do you intend to finance your store improvements, fixtures, and inventory? _____

Source of additional financing: _____
Has a loan been approved: _____ Yes _____ No
Name of Company/Contact: _____ Phone: (____) _____
20. List the name of your insurance carrier for General Liability.
- Company: _____ Contact: _____
Address: _____
Street City State Zip
Phone: (____) _____
21. List the name of your Accountant and Lawyer:
- Company: _____ Contact: _____
Address: _____
Street City State Zip
Phone: (____) _____
- Company: _____ Contact: _____
Address: _____
Street City State Zip
Phone: (____) _____
22. What are your estimates of annual sales volume for the first two years:
1) \$ _____ 2) \$ _____
23. How do you plan to advertise your business? _____

24. What is your first year's advertising budget? _____

25. What plans do you have to merchandise your store windows and how will you do this? _____

I (we) hereby attest that all of the information on this application and accompanying Personal Financial Statement is true and correct. This information has been given to you for the purpose of inducing Commercial Retail Advisors' clients to rent to me (us) in your shopping center. I (we) authorize such investigation and receiving of information Regarding credit history, confidential information and criminal records requested by Commercial Retail Advisors, LLC, or its clients, from any source and/or anyone listed on this form and release from liability any person/entity giving or receiving such information.

Signature

Date

Signature

Date