

## **TENANT APPLICATION**

DATE:			
NAME:	PHONE #:		
HOME ADDRESS:			
BUSINESS NAME:	PHONE #:		
BUSINESS ADDRESS:			
PERMANENT MAILING ADDRESS:			
OWNERSHIP:			
Individual Partnership Corporation	Other	-	
Is this a new business? YESNO			
NEW LOCATION: change added			
PREVIOUS BUSINESS LOCATION:			
DRIVERS LICENSE #	STATE	BIRTHDATE	
SOCIAL SECURITY #			
BANK (Business)			
Bank Location			
Account No.			
BANK (Personal)			
Bank Location			
Account No.			
BUSINESS REFERENCES:			
NAME	PHONE #:		
ADDRESS			
NAME	PHONE #:		
ADDRESS			
PERSONAL REFERENCES:			
NAME	PHONE #: _		
ADDRESS			
NAME	PHONE #:		
ADDRESS			



The undersigned person(s) represent that all of the above statements are true and complete and hereby authorize verification of such information.

SIGNATURE	
BY	
DATE	
NAME	SOCIAL SECURITY
SPOUSE	SOCIAL SECURITY
CURRENT ADDRESS	FORMER ADDRESS
report and release the report to any potential la requesting the information for a business transac	REAL ESTATE, permission to procure a consumer credindlord, developer, management company, or other entity tion between the undersigned and the inquiring party. Wend all associated parties from any liability pertaining to
SIGNATURE	
DATE	
SPOUSE'S SIGNATURE	
DATE	



## **FINANCIAL STATEMENT**

Name		Address		
Occupation		Statement Date		
Phone #		SSN		
ASSETS	(omit cents)	LIABILITIES	(omit cents)	
Cash in the following banks (itemize)		Notes Payable to Banks (itemize)		
	\$	1. Due to:	\$	
		Collateral:		
		2. Due to:		
		Collateral:		
Notes Due to Me (totals only - list of		3. Due to:		
reverse)		Collateral:		
Secured by Real Estate		Other Notes Payable - Secured		
Secured by Other Collateral		1. Due to:		
Unsecured (Collectible)		Collateral:		
Other Receivables		2. Due to:		
Stocks and Bonds (totals only - list on		Collateral:		
reverse)		Other Notes Payable - Unsecured		
Marketable Stocks		1. Due to:		
Other Stocks		2. Due to:		
Cash Value Life Insurance (total only - list on reverse) (not face value)		Taxes Owing:		
Automobiles: YR: MODEL:		Income Taxes		
YR: MODEL:		Other Taxes		
Real Estate (totals only - list on reverse)		Life Insurance Policy Loans		
Homestead		Due on Automobiles		
Other		Owing on Real Estate (totals only)		
Other Assets (describe)		Due on Homestead		
Other Assets (describe)		Due on Other		
		Other Liabilities (describe)		
<del></del>		Personal Bills		
<del></del>		<del> </del>		
		Total Liabilities		
		Net Worth (total assets minus total liabilities)		
Total Assets		Total Liabilities and Net Worth		
CONTINGENT LIABILITIES		ANNUAL INCOME		
As Endorser, Co-maker or Guarantor	\$	Salary	\$	
On Leases or Contracts		Commissions and Bonuses		
Legal Claims		Dividends		
Other (list)		Other (list)		
		T		
	0		•	
lave you executed a will covering your estate	9?	Name of Executor:		
		hich are submitted for the purpose of obtain	ning credit, are a tru	
omplete and correct representation of m	ny tinancial conditio	on as of the date above.		
Vitnessed by:		Signature:		
Date:		Prepared by: (if other than maker)		



## NOTES AND ACCOUNTS RECEIVABLE

<u>Maker</u>		Original Amount	Current Balance	Maturity and/or Payment Schedule	<u>Collateral, i</u> <u>any</u>
	-			-	_
STOCKS	AND BONDS				
Number of Shares	Name of Issuer	Where Traded	Market Value	<u>Pledged</u> (yes or no)	Registered in the Name o
LIFE INS	JRANCE				
<u>Company</u>	Policy Number	Face Amount	Cash Surrender or Loan Value	Policy Loan (if any)	<u>Beneficiary</u>
			_	_	
REAL ES  Location and Description		Monthly Income	Name on Title	Indeht	redness
Location and Description	<u>i resent value</u>	Monthly meetic	Name on Hue	<u>Lien Holder</u>	Amount
				_	
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re you a partner in			and interest: r what amount?		



## **OPERTING HISTORY**

Please provide a brief summary of retail operating history below.