APPLICATION FOR LEASE

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence Address: Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drivers License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FEIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if applicable)

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Circle One) Corporation LLC Partnership Sole Proprietor

Trade Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What kind of business do you propose to run?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present business or profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary (annual) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Will this income continue? \_\_\_\_\_\_

# Other income (annual) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_ No \_\_\_\_

Should we contact you first? Yes \_\_\_\_ No \_\_\_\_

# Employer’s name and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business Experience – Retail**

Describe fully the business operations and your roles; indicate dates:

**Other Work Experience:**

Describe fully your current or past business operations and your roles; indicate dates:

If you have other businesses, please provide pertinent operating statements for the last twenty-four (24) months, where possible.

Will you have a continuing role in these businesses? If so, what will that role be?

How will you operate your new business at our property? Who will manage? How many employees will you need?

If your business is a corporation, partnership or joint venture, please describe its legal and financial structure.

Have you prepared a budget? If so, what are your projected earnings and expenses for your first three (3) years at this location? Please prepare a three (3) year business plan.

What improvements do you plan to make to the premises (fixtures, carpeting, etc.) and at what cost? How will improvements be financed?

Describe your anticipated start-up operating expenses at the new location and list amounts (include inventory, supplies, initial payroll costs, insurance, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will you finance your start-up expenses?

Have you hired an architect or general contractor? If so, what are their names?

**Current Financial Statement(s)**

1. Personal: Where a partnership, joint venture or corporation is involved, the

appropriate financial statement should be supplied.

## Business: If several businesses or individuals are involved, supply separate

individual financial statements where possible.

**\*Provide copies of past three (3) years Federal Income Tax Returns from individual(s) and entity to be considered for lease. Also we will need verification on liquid assets.**

Bank managers and loan officers (include phone numbers):

Business Landlords (include phone numbers):

Suppliers (include address, phone numbers and account numbers):

Please include a means of verification of all items on the attached financial statement; i.e. account number, tax bills and returns, inventories, etc.

**References**

Banks, savings and loan, and mortgage companies: state account numbers and sign for the proper authority to confirm the account to us.

X

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Financial Statement**

*Confidential*

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Applicant

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soc. Sec.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_

Residence: Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_\_ Years There \_\_\_\_

Position/Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years There \_\_\_\_

Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_\_

Telephone: Business (area code) ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_ Residence (area code) ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Co-Applicant

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soc. Sec.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_

Residence: Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_\_ Years There \_\_\_\_

Position/Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years There \_\_\_\_

Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_\_

Telephone: Business (area code) ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_ Residence (area code) ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Will \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Executor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of Dependents \_\_\_\_\_\_\_\_\_

***(Do not complete if this an application for individual unsecured credit.)***

**Martial Applicant** Married Separated Unmarried (including Single,

**Status** Divorced or Widowed)

**Co-Applicant** Married Separated Unmarried (including Single,

Divorced or Widowed)

For the purposes of procuring and maintaining credit with you, (I) (we) submit this Personal Financial Statement as a true and complete statement of (my) (our) personal financial condition, and details relating thereto as of the \_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_\_\_\_\_

(I) (We) agree, if any material change occurs, to immediately notify you, and unless you are so notified you may continue to rely upon this statement. You are authorized to share any information in this application with any other institution which is your parent, subsidiary or affiliate. (I) (We) authorize you to make whatever credit inquiries you may deem necessary in connection with this credit application.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Schedule A:** Cash and Short Term Investments (including Certificates of Deposit, Commercial Paper, Money Market Funds, etc.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Names of Institutes | Savings Accounts | Checking Accounts | Other Short-Term Investments | Owner  (Applicant/Co-Applicant) | Total |
|  | $ | $ | $ |  | $ |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Please enter total on Balance Sheet $\_\_\_\_\_\_\_\_\_\_\_\_**

**Schedule B:** Stocks, Bonds, Government Securities

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No. of Shares or Par Value of Bonds | Description | Restricted  (R) | Pledged  (P) | Owner  (Applicant/  Co-Applicant/  Joint) | L = Listed  U = Unlisted | Cost | Market Value |
|  |  |  |  |  |  | $ | $ |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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**Please enter total on Balance Sheet $\_\_\_\_\_\_\_\_\_**

**Schedule C:**  Notes and Accounts Receivable

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| From Whom | Original Amount | Monthly Payments | Maturity Dates | Interest Rates | Description of Collateral (if any) | Pledged  (P) | Balances Due |
|  | $ | $ |  |  |  |  | $ |
|  |  |  |  |  |  |  |  |

**Please enter total on Balance Sheet $\_\_\_\_\_\_\_\_**

**Schedule D:** Insurance – Life (Group, Whole) and Disability

Do you have: Major Medical \_\_\_ Property and Casualty \_\_\_ Disability \_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Group/Whole Life Amounts | Name of Companies | Beneficiaries | Owner | Policy Loans Outstd. | Gross Cash Value |
|  |  |  |  | $ | $ |
|  |  |  |  |  |  |

**Please enter total on Balance Sheet $\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Term Policies:** | Beneficiaries | Owner |
|  |  |  |
|  |  |  |
| **Disability Policies:** | Beneficiaries | Owner |
|  |  |  |
|  |  |  |

**Schedule E:** Real Estate Owned – Personal Use

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Address of Property *and*  Name of Mortgage Holder | Title In  Name Of | Date Purchased | Cost | Amount Owed | Mortgage Maturity | Market Value |
|  |  |  | $ | $ |  | $ |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Please enter total on Balance Sheet $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_**

**Schedule F:** Vested Interest in Deferred Compensation/Profit-Sharing Plans/IRA’s

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name | % Vested | Applicant  /Co-Applicant | Manner of Payout (Annuity, Lump Sum, etc.) | Distribution Date | Beneficiary | Amount |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Please enter total on Balance Sheet $\_\_\_\_\_\_\_\_\_\_\_**

**Schedule G:** Unlisted Securities Owned

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Description of Securities | Owner  (Applicant /  Co-Applicant /  Joint) | No. of Shares Owned | % Ownership | Pledged  (P) | Book  (As of Date) | Value  Amount |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Please enter total on Balance Sheet $\_\_\_\_\_\_\_\_\_\_\_**

**Schedule H:** Real Estate Owned for Investment Purposes

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A. Owner B. Purchase Date  **C. $** | **Address of Property (Indicate C if Under Contract, UC if Under Construction, or R if Rental Property)** | **Type of Property** | **%**  **Owned** | **Present Market Value** | **Amount of Mortgage & Liens** | **Gross Rental Income** | **Mortgage Payments** | **Taxes, Ins. Maintenance and Misc.** | **Net Rental Income** |
| A.  B.  C. $ | Address  Lender  Lender’s Address |  |  | $ | $ | $ | $ | $ | $ |
| A.  B.  C. $ | Address  Lender  Lender’s Address |  |  |  |  |  |  |  |  |
| A.  B.  C. $ | Address  Lender  Lender’s Address |  |  |  |  |  |  |  |  |
| **Please enter total on Balance Sheet** | | |  | $ | $ | $ | $ | $ | $ |

**Schedule I:** General and / or Limited Partnership Interest

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Partnership | Type of Investment | Limited – L  General - G | Amount  Vested | Fair Market Value of Partnership Interest |
|  |  |  | $ | $ |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Please enter total on Balance Sheet $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Schedule J:** Notes and Accounts Payable

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| To Whom | Original Amount and Start Date | Monthly Payment | Maturity Date | Interest Rate | Description of Collateral  (if any) | Balance Owing |
|  | $ | $ |  |  |  | $ |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Please enter total on Balance Sheet $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Information:** Unexercised Company Stock Options

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Company | Expiration Date | No. of Shares | Total Market Value (# of Shares x Mkt. Price) | Total Exercise Cost  (# of Shares x Exercise Price) | Market Price  (Total Mkt. Value – Exercise Cost) |
|  |  |  | $ | $ | $ |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Do you have any CONTINGENT LIABILITIES (such as guarantor, endorser on notes, on leases, on contracts, or letters of credit)?

\_\_\_ Yes \_\_\_ No. If yes, give details:

Have you included, above, any assets that are doubtful or uncollectible? \_\_\_ Yes \_\_\_ No. If yes, give details:

Are any of your assets pledged, loaned or hypothecated? \_\_\_ Yes \_\_\_ No. If yes, give details:

Are you currently involved in any lawsuits? \_\_\_ Yes \_\_\_ No. If yes, give details:

Do you have any unpaid tax liabilities (other than for accrued assets, taxes not yet payable)? \_\_\_ Yes \_\_\_ No. If yes, give details:

Have you been declared bankrupt in the last seven (7) years? \_\_\_ Yes \_\_\_ No. If yes, give details:

**BALANCE SHEET**

(Please Complete Additional Schedules As Needed)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Assets | **Applicant** | **Co-Applicant** | **Joint** | **Total** |
| ***\*Cash and Short-Term Investments (Sched. A)*** | $ | $ | $ | $ |
| ***\*Stocks and Bonds (Readily Marketable) (Sched. B)*** |  |  |  |  |
| ***\*Cash Value – Life Insurance (Sched. D)*** |  |  |  |  |
| ***\*Other Liquid Assets*** |  |  |  |  |
| Total Liquid Assets | $ | $ | $ | $ |
| ***\*Notes Receivable (Expected within 1 year) (Sched. C)*** |  |  |  |  |
| ***\*Accounts Receivable (Expected within 1 year) (Sched. C)*** |  |  |  |  |
| ***\*Vested Profit-Sharing Benefits/Deferred Compensation (Sch. F)*** |  |  |  |  |
| ***\*IRA/KEOGH Accounts*** |  |  |  |  |
| ***\*Stocks and Bonds (Not Readily Marketable) (Sched. G)*** |  |  |  |  |
| Real Estate Owned (Sched. E) |  |  |  |  |
| Business Interests (Equity): |  |  |  |  |
|  |  |  |  |  |
| Real Estate Owned for Investment (Sched. H) |  |  |  |  |
| General and/or Limited Partnership Interests (Sched. I) |  |  |  |  |
| Personal Property: |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Other Assets |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total Assets | $ | $ | $ | $ |
| Liabilities | **Applicant** | **Co-Applicant** | **Joint** | Total |
| Notes Payable to Banks – Secured (Sched. J) |  |  |  |  |
| Notes Payable to Banks – Unsecured (Sched. J) |  |  |  |  |
| Notes Payable to Others (Sched. J) |  |  |  |  |
| Outstanding Credit Card Balances |  |  |  |  |
| Other Accounts Payable (Sched. J) |  |  |  |  |
| Amounts Owing to Brokers |  |  |  |  |
| Taxes and Interest Payable (Unpaid by Accrued) |  |  |  |  |
| Policy Loans (Life Insurance) (Sched. D) |  |  |  |  |
| Mortgages and Obligations on Real Estate Owned (Sched. E) |  |  |  |  |
| Mortgages and Obligations on Invest. Real Estate Owned (Sched. H) |  |  |  |  |
| Other Liabilities: |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total Liabilities | $ | $ | $ | $ |
| Net Worth (Total Assets minus Total Liabilities) | $ | $ | $ | $ |

\**VERIFICATION OF CURRENT STATEMENTS MUST BE PROVIDED!*

INCOME STATEMENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Previous Year** | | **Expected Current Year** | |
| **Annual Income** | **Applicant** | **Co-Applicant** | **Applicant** | **Co-Applicant** |
| Salary | $ | $ | $ | $ |
| Self Employment |  |  |  |  |
| Bonus and Commissions |  |  |  |  |
| Interest |  |  |  |  |
| Dividends |  |  |  |  |
| Capital Gains |  |  |  |  |
| Real Estate (NET) |  |  |  |  |
| Trust Income |  |  |  |  |
| Pension/Annuity Income |  |  |  |  |
|  |  |  |  |  |
| Other Income\* |  |  |  |  |
| \*Alimony, Separate Maintenance, Child Support, May, But Need Not Be, Included |  |  |  |  |
| **Totals** | $ | $ | $ | $ |
|  | **Previous Year** | | Expected Current Year | |
| **Fixed and Variable Expenses** | **Applicant** | **Co-Applicant** | **Applicant** | **Co-Applicant** |
| Home Mortgage Expense (Principal and Interest) | $ | $ | $ | $ |
| Loan/Lease Payments (Excluding Home Mortgages) |  |  |  |  |
| Property Taxes |  |  |  |  |
| Income Taxes (Federal, State, Local) |  |  |  |  |
| Other Taxes |  |  |  |  |
| Insurance Expenses |  |  |  |  |
| Alimony, Child Support/Maintenance |  |  |  |  |
| General Living Expenses |  |  |  |  |
| Other Expenses |  |  |  |  |
|  |  |  |  |  |
| **Totals** | $ | $ | $ | $ |

Is any income listed in this section likely to be reduced before the credit requested is repaid? \_\_\_ Yes \_\_\_ No. If yes, give details:

Are you either an Executive Officer, Director, or Principal Shareholder of a bank that has a correspondent banking relationship with us? \_\_\_\_ Yes \_\_\_ No. If your answer is ‘yes’, please tell us the name of this bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

c.drotziger/forms-master-prospective tenant qualifications form