

## PROSPECTIVE LESSEE QUALIFICATION FORM

This form does not obligate either party to the performance of a contract for leasehold property. It is purely for information and does not constitute an offer to lease property or any negotiation for such a purpose.

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

Residence Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Own \_\_\_\_\_ or Rent \_\_\_\_\_ If rented, monthly rent: \_\_\_\_\_

Name and address of Landlord: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which shopping center are you interested in? \_\_\_\_\_

What kind of business do you propose to run there? \_\_\_\_\_

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

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

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

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

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

Employer's name and address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**Business Experience - Retail:** Describe fully the business operations and your roles:  
Indicate dates:

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**Other Work Experience:** Describe fully the business operations and your roles: Indicate dates:

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If you have other business, please provide pertinent operation statements for the last twenty-four months where possible.

Will you have a continuing role in this business? If so, what will that role be?

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

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If your business is a partnership or a joint venture, describe its legal and financial structure and submit copies of all appropriate legal documents.

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If your business involves a franchise, supply a copy of the agreement, information on how the purchase is being financed and financial and business report on the franchisor.

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

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

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How will you finance your start-up expenses?

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Analysis of projected income from operations at the new location for the first two years (complete where applicable).

	<u>Year 1</u>	<u>Year 2</u>
<b><u>Revenues</u></b>	\$ _____	\$ _____
Gross Sales	_____	_____
Cost of good sold	_____	_____
Gross Margin	_____	_____
Other Revenues (specify)	_____	_____
<b>TOTAL REVENUES</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b><u>Expenses</u></b>	<b>\$ _____</b>	<b>\$ _____</b>
Salaries and wages	_____	_____
Payroll taxes	_____	_____
Compensation insurance	_____	_____
Utilities (SDG&E, water, telephone)	_____	_____
Repairs and maintenance	_____	_____
Janitorial services, laundry	_____	_____
Supplies	_____	_____
Advertising and promotion	_____	_____
Rent and related costs	_____	_____
Insurance (fire, liability, plate glass)	_____	_____
Management fee	_____	_____
Real estate taxes	_____	_____
Personal property taxes	_____	_____
Financial expenses (include principal payments)	_____	_____
<b>TOTAL EXPENSES</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Net Operation Income (cash)</b>	<b>\$ _____</b>	<b>\$ _____</b>

If you project a loss in net operating income, explain how it will be financed and supply supporting material.

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**Current Financial Statement:**

- I. Personal: Where a partnership, joint venture or corporation is involved, the appropriate financial statement should be supplied.
- II. Business: If several businesses are involved , supply separate individual financial statements where possible.

Indicate sources and amounts of income other than that from business described herein:

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

# PERSONAL FINANCIAL STATEMENT

Name:		Business Phone:	
Residence Address:		Residence Phone:	
City, State, ZIP:		Other Phone:	

**Business Name of Applicant:** \_\_\_\_\_

ASSETS		LIABILITIES	
Cash on Hand and In Bank		Accounts Payable	
Savings Accounts		Notes Payable to Banks and Other s (Section 2)	
IRA or Other Retirement Account		Installment Account (Auto) – Monthly Payment \$ _____	
Accounts & Notes Receivable		Installment Account (Other) – Monthly Payment \$ _____	
Life Insurance – Cash Value Only (Section 8)		Loans on Life Insurance	
Stocks & Bonds (Section 3)		Mortgages on Real estate (Section 4)	
Real Estate (Section 4)		Unpaid Taxes (Section 6)	
Automobile(s) – Present Value		Other Liabilities (Section 7)	
Other Personal Property (Section 5)		TOTAL LIABILITIES	
Other Assets (Section 5)		NET WORTH	
TOTAL		TOTAL	

SECTION 1: SOURCES OF INCOME	CONTINGENT LIABILITIES
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims and Adjustments
Real Estate Income	Provision of federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1:

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\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted towards total income.

SECTION 2: NOTES PAYABLE TO BANKS AND OTHERS				(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).	
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc)	How Secured or Endorsed Type of Collateral

SECTION 3: STOCKS AND BONDS					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
SECTION 4: REAL ESTATE OWNED					
	Property A	Property B	Property C		
Type of Property					
Name & Address of Title Holder					
Date Purchased					
Original Cost					
Present Market Value					
Name & Address of Mortgage Holder					
Mortgage Balance					
Amount of Payment (Month/Year)					
Status of Mortgage					
SECTION 5: OTHER PERSONAL PROPERTY AND OTHER ASSETS					
SECTION 6: UNPAID TAXES					
SECTION 7: OTHER LIABILITIES					
SECTION 8: LIFE INSURANCE HELD				(Face amount, cash surrender value, insurance company and beneficiary)	

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:



The undersigned ("Applicant") desires to rent retail space at \_\_\_\_\_ . Applicant understands that in order to be approved as a Tenant the Owner requires obtaining an acceptable Consumer Credit Report concerning the Applicant. Applicant understand that Owner may make a decision whether or not to lease the retail space to Applicant based upon Owner's approval, at Owner's sole discretion, of the Consumer Credit Report.

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name of Applicant)

Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

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