



Standard Shopping Center

LEASE APPLICATION

Please return application to the leasing agent's email or send to inquires@cbm1.com

Property Address: _____ Unit #: _____

Leasing Agent Name: _____

APPLICANT PERSONAL INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____ Social Security #: _____ Driver's License #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____ Email: _____

Own or Rent: _____ Number of Years: _____ Number of Dependents: _____

Marital Status – Married: _____ Single: _____

EMPLOYMENT INFORMATION

Employer: _____ Number of Years Employed: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone # _____ Supervisor/Contact Person _____

SPOUSE (Co-application should fill out a separate application)

First & Last Name: _____ Date of Birth: _____ Social Security #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____ Email: _____

Own or Rent: _____ Number of Years: _____ Number of Dependents: _____

Employer: _____ Number of Years Employed: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone # _____ Supervisor/Contact Person _____

I hereby authorize CBM1 to obtain a consumer credit report

The information contained in the application is certified as true and accurate as of the date executed and delivered by the undersigned. The undersigned hereby grant CBM1 and/or landlord authorization to conduct a **credit and background check** (when and as they determine is necessary, in their sole discretion). It is understood by the undersigned that the intent of this information provided herein is to make a determination regarding entering into a lease agreement, guarantee of lease, transfer of lease, or other agreement with the undersigned.

Applicant Signature

Date

Spouse

Date

Financial Information

Cash	\$ _____	Notes Payable-Total Owed	\$ _____
Stocks & Bonds (net)	\$ _____	(list below)	\$ _____
(list below)	\$ _____	Accounts Payable-Total Owed	\$ _____
Life Insurance (surrender value)	\$ _____	(list below)	\$ _____
Real Estate (total value)	\$ _____	Mortgages-Total Owed	\$ _____
(list properties below)		(list below)	\$ _____
Automobiles		Automobiles-Total Owed	\$ _____
_____		Income Taxes-Accrued to Date	
_____	\$ _____	Other Debts	_____
Personal Possessions	\$ _____		
Total Assets	\$ _____	Total Liabilities	\$ _____
		Net Worth	\$ _____

Annual Income & Expenses

Your Salary		Rent/Mortgage	
Spouse's Salary		Payment on Notes Owed	
Dividend Income		Pymt on Accounts Payable	
Rental Income		Tax Payment	
Interest Income		Personal Living Expenses	
Other Income		Other Expenses	
Totals		Totals	

Real Estate Owned

Description / Address	Original Cost	Present Value	Amount Owed	Monthly Payment
Totals				

Detailed List of Current Real Estate Holdings

Address: _____ City: _____ State: _____ Zip: _____
Address: _____ City: _____ State: _____ Zip: _____
Address: _____ City: _____ State: _____ Zip: _____

Detailed List of Additional Business Locations

Address: _____ City: _____ State: _____ Zip: _____
Address: _____ City: _____ State: _____ Zip: _____
Address: _____ City: _____ State: _____ Zip: _____

Prior Landlord(s)

Contact Name: _____ Phone Number: _____
Contact Name: _____ Phone Number: _____
Contact Name: _____ Phone Number: _____

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Applicant Signature Date Spouse Date

PROSPECTIVE QUESTIONNAIRE

Please complete in full. If you need more space to respond to any of the questions, please continue on a separate page.

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 purpose.

Tenant's Name: _____

Driver's License #: _____

Home Address: _____

Social Security #: _____

Date of Birth: _____

Spouse's Name: _____

Driver's License #: _____

Home Address: _____

Social Security #: _____

Date of Birth: _____

Individual(s) _____ Corporation – If yes, type _____

Where incorporated _____

Corporate or Taxpayer I.D. No. _____

Business Address: _____

Business Phone/Fax/E-mail: _____

In which Shopping Center are you interested?

What kind of business do you propose to operate there?

Present Business or Profession: _____

Tenant

Spouse

Employer: _____

Employer: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

PROSPECTIVE QUESTIONNAIRE

Annual Salary: _____

Annual Salary: _____

Contact Person: _____

Contact Person: _____

Other Income: _____

Other Income: _____

Will this income continue? _____

Will this income continue? _____

How will you operate your new business at the proposed location? Who will manage? How many employees will you have?

What type of merchandise, food and/or services will you be providing at this location? If you plan on operating a restaurant, please provide a sample menu with pricing. If you operate a retail store, please list brand names and price ranges.

What is your experience at operating such an enterprise? Please provide specifics as to dates, time and locations as it relates to your experience

What improvements do you plans to make to the Premises (fixtures, carpet, etc.) and at what cost? How will you pay for these improvements?

Describe your anticipated start-up operating expenses at the new location and list amounts (include inventory, supplies, initial payroll costs, insurance, signage, etc. (attach additional sheet if more room is required to answer these questions.)

	\$
	\$
	\$

PROSPECTIVE QUESTIONNAIRE

	\$
	\$
	\$

How will you pay for your start-up expenses?

Please provide a five-year projected income and expense statement for the proposed business.

	Year 1	Year 2	Year 3	Year 4	Year 5
Gross Income (net after taxes)					
(Per square foot of leased space)					
Cost of goods Sold					
Gross Profit					
Expenses					
Accounting/Professional					
Advertising					
Equipment Lease					
Insurance					
Maintenance & Repair					
Payroll – Wages & Taxes					
Rent					
Taxes					
Utilities					
Total Expenses:					

Net Profit:

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PROSPECTIVE QUESTIONNAIRE

Do you have any other comments or information which you feel the Landlord should take into account in evaluating your proposed store or restaurant?

Please complete the attached financial statement. If you have a different format which was prepared by your accountant, that will be acceptable by the landlord in lieu of our financial statement. If you are signing the lease as a corporation, please include corporate information as well. In addition, please include copies of your last two years tax returns.

The applicants hereby represent that the above statements are true and Landlord is authorized to investigate said statements, contact the references and obtain a credit report. Any false statements made above shall be sufficient cause for Landlord to cancel and terminate any agreement made with applicant.

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Applicant's Signature

Date:

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Applicant's Printed Name

Applicant's Signature

Date: _____

Applicant's Printed Name