

TWO SIDED**Commercial Tenant Application****PLEASE PRINT ALL DETAILS AND COMPLETE ENTIRE FORM BOTH SIDES!!**

STORE LOCATION _____

APPLICANT'S BUSINESS NAME _____ CORP ___ LLC ___

APPLICANT'S FULL NAME _____ AGE _____

APPLICANT'S EMAIL ADDRESS _____

SOCIAL SECURITY (REQUIRED FOR APPLICATION PROCESSING) _____

EIN # (REQUIRED IF LEASE WILL BE UNDER COMPANY NAME) _____

PICTURE OF DRIVERS LICENSE ATTACHED (REQUIRED FOR APPLICATION PROCESSING) _____

SPOUSE OR PARTNER'S NAME _____ AGE _____

BUSINESS PHONE _____ HOME PHONE _____ CELL PHONE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMPLOYER REFERENCE _____ PHONE NO. _____

ADDRESS OF EMPLOYER _____

HOW LONG EMPLOYED _____ POSITION HELD _____

BUSINESS REFERENCE _____ PHONE NO. _____

ADDRESS OF REFERENCE _____

POSITION HELD _____ CONTACT'S NAME _____

NATURE OF RELATIONSHIP _____

LANDLORD REFERENCE _____ ADDRESS _____

PHONE NO. _____ HOW LONG AT THAT ADDRESS _____

Banks where you maintain your accounts	Savings Name:	Address:
	Checking Name:	Address:

Have you ever been evicted or requested to vacate any commercial space? _____

Have you ever been arrested? _____ Have you or your company ever filed for Bankruptcy? _____

Do you have any law suits outstanding _____

How long in business _____ Other locations you own _____

Accountant's name & phone # _____

Attorney's name & phone # _____

APPLICANT'S SIGNATURE _____ DATE _____

APPLICANT'S SIGNATURE _____ DATE _____

NOTE: IMPORTANT - YOU MUST COMPLETE ENTIRE FORM BOTH SIDES AND ATTACH A COPY OF YOUR DRIVER'S LICENSE.

Cash Income & Expenditures Statement For Year Ended _____ (Omit Cents)

ANNUAL INCOME	AMOUNT (\$)
Salary (applicant)	
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (co-applicant)	
Rental Income	
Other Investments Income	
Other Income (List):	
TOTAL INCOME	

ANNUAL EXPENDITURES	AMOUNT (\$)
Federal Income and Other Taxes	
State Income and Other Taxes	
Rental Payments, Co-op, or Condo Maintenance	
Mortgage Payments Residential	
Property Taxes Residential	
Investment Payments	
Insurance	
Alimony / Child Support	
Tuition	
Other Living Expenses	
Medical Expenses	
Other Expenses	
TOTAL EXPENDITURES	

Balance Sheet as of _____

ASSETS	AMOUNT (\$)
Cash in this bank (including money market accounts, CDs)	
Cash in Other Financial Institutions - list (inc. money market accounts, CDs)	
Readily Marketable Securities (Schedule A)	
Accounts and Notes Receivable	
Net Cash Surrender Value of Life Insurance	
Residential Real Estate	
Real Estate Investments	
Partnerships / PC Interests	
IRA, Keogh, Profit Sharing & Other Vested Retirement Accounts	
Personal Property (including automobiles)	
Other Assets (List):	
	\$

LIABILITIES	AMOUNT (\$)
Notes Payable to Bank	
Notes Payable to Others	
Accounts Payable (including credit cards)	
Taxes Payable	
Mortgage Debt	
Life Insurance Loans	
Other Liabilities (List):	
TOTAL LIABILITIES	
NET WORTH	
	\$

LIST ALL SCHEDULE ITEMS HERE:
