

RETAIL LEASING ADVISORS, LLC

Personal Financial Statement

Page 1 of 2

Name _____
Trade Name: _____
Shopping Center: _____

(I, We) make the following statement of all (my, our) assets and liabilities as of the _____ day of _____, 20__, and give other material information for the purpose of obtaining credit with you on notes and bills bearing (my,our) signature endorsement or guarantee and agree to notify you promptly of any change affecting (my, our) ability to pay.

CREDIT SCORE (PRIMARY): _____ CREDIT SCORE (SPOUSE): _____	*Please provide your credit score. The landlord will verify score prior to lease preparation.
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ASSETS SOLELY OWNED (List here only those assets NOT jointly owned)		ALL LIABILITIES AND NET WORTH (List here all liabilities joint or otherwise)	
Cash (See Sched. 1)		Notes Payable to Banks, Unsecured (See Sched 1)	
U.S. Government Securities		Notes Payable to Banks, Secured (See Sched 1)	
Listed Stocks and Bonds (See Sched. 4)		Notes Payable to Others, Unsecured	
Unlisted Stocks and Bonds (See Sched. 4)		Notes Payable to Others, Secured	
Accounts and Loans Receivable (See Sched. 2)		Loans Against Life Insurance (See Sched. 3)	
Life Insurance - Cash Value (See Sched. 3)		Mortgages Payable on Real Estate (See Sched 5)	
Real Estate (See Sched. 5)		Accounts Payable	
Automobiles		Interest Payable	
401K & Money Market Accounts		Estimated Capital Gains Tax	
Other Valuable Assets (Itemize)		Other Taxes and Assessments Payable	
		Other Liabilities	
		TOTAL LIABILITIES	
TOTAL ASSETS SOLELY OWNED		NET WORTH (ASSETS - LIABILITIES)	

JOINTLY OWNED ASSETS (Summarize here; Itemize on Sched. 6)		SOURCE OF INCOME	
Cash (See Sched. 1)		Salary	
U.S. Government Securities		Bonus and Commissions	
Listed Stocks and Bonds (See Sched. 4)		Dividends	
Unlisted Stocks and Bonds (See Sched4)		Real Estate Income	
Accounts and Loans Receivable (See Sched.2)		Other Income (Itemize):	
Life Insurance - Cash Value (See Sched 3)			
Real Estate (See Sched. 5)		TOTAL INCOME	
Automobiles			
Other Valuable Assets (Itemize)		<i>The first page of the prior year's tax return may be required for income verification.</i>	
		Attached:	Yes / No
TOTAL JOINTLY OWNED ASSETS			

PERSONAL INFORMATION	
	Partner or Officer in any other venture?
	If yes, please explain.
TOTAL OF ALL ASSETS	

Have you ever taken bankruptcy, made a composition settlement, or are you a defendent in any legal action? Explain.

Do you have any contingent liabilities personally or as co-maker, on leases or contracts, or Federal Income Tax Liability? Explain.

Do you have a will? And if Yes, who is named as your executor?

RETAIL LEASING ADVISORS, LLC

Personal Financial Statement

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Shopping Center:

Name: _____

Trade Name: _____

Shopping Center: _____

No. 1 - Cash (Attach Schedule if necessary)

<u>Name of Bank</u>	<u>Type of Account</u>	<u>Cash Balance</u>	<u>Last Statement Attached</u>
			<u>Yes / No</u>
			<u>Yes / No</u>
			<u>Yes / No</u>
			<u>Yes / No</u>

No. 2 - Accounts, Loans and Notes Receivable (Attach Schedule if necessary)

<u>Name of Debtor</u>	<u>Amount Owed</u>	<u>Age of Debt</u>	<u>Down Payment</u>	<u>Description or Nature of Debt</u>	<u>Description of Security Held</u>

No.3 - Life Insurance (Attach Schedule if necessary)

<u>Owner of Policy</u>	<u>Beneficiary</u>	<u>Insurance Co.</u>	<u>Face Value of Policy</u>	<u>Total Cash Surrender Value</u>	<u>Total Value of Loans on Policy</u>	<u>Policy Assigned</u>

No. 4 - Stocks & Bonds (Attach Schedule if necessary)

<u>Face Value or # of Shares</u>	<u>Description of Security</u>	<u>Registered in Name of</u>	<u>Original Cost</u>	<u>Present Market Value</u>	<u>To Whom Pledged</u>

No. 5 - Real Estate (Attach schedule if necessary)

<u>Address</u>	<u>Title in Name of:</u>	<u>Mortgages or Liens</u>	<u>Amount Payments</u>	<u>Original Cost</u>	<u>Present Market Value</u>	<u>Taxes Current</u>

No.6 - Jointly Owned Property - Details of summary on front page. (Attach schedule if necessary)

<u>Assets</u>	<u>Value</u>	<u>Name of Joint Tenant</u>
	\$	

RETAIL LEASING ADVISORS, LLC

Business Information Form

Shopping Center:

Trade Name:

PROPOSED OPERATION

1. Type of business: _____
2. General merchandise to be sold: _____
3. Services to be provided: _____
4. Ideal size (SF): _____
5. Est. number of employees: _____
6. Hours of operation: _____
7. Do you have a marketing plan? Attached: Yes / No
8. Is this an existing business?, a relocation?
Number of existing locations: _____
Number of years in business: _____
Annual Sales (per store): _____
Please attach pictures: Attached: Yes / No

LOCATION/REAL ESTATE

9. Who is your target customer and demographics? _____
10. Why have you chosen this location? _____
11. Have you ever leased retail space before?
If yes, please provide Landlord name and phone number: _____
12. Have you ever filed a law suit against a previous Landlord?
If yes, please explain: _____

START-UP COSTS

13. Projected cost of:
Business fixtures and equipment: _____
Installation of fixtures and equipment: _____
Remodeling & decorating: _____
Signage: _____
Starting inventory cost: _____
Office supplies: _____
Prepaid rent and security Deposit: _____
Deposits with public utilities: _____
Legal and professional fees: _____
Licenses and permits: _____
Insurance: _____
Advertising for opening: _____
Cash: _____
Wages (for training, etc.) _____
Unexpected cost: _____
TOTAL OPENING EXPENSES: _____

14. How do you plan to finance this business? _____
15. If obtaining a loan, have you made a loan application?
Status of approval? _____
16. How much cash have you allocated to start this business? _____

RETAIL LEASING ADVISORS, LLC

PROJECTED INCOME (YEAR 1)

17. Income statement:

Gross sales: _____
Cost of goods sold: _____
Gross Profit (GS - CGS): _____

Expenses:
Salary of owner-manager: _____
All other salaries and wages: _____
Payroll taxes and expense: _____
Sales and use taxes: _____
Lease expense: _____
Advertising: _____
Delivery expense: _____
Office supplies: _____
Telephone: _____
Other utilities: _____
Insurance: _____
Repairs and maintenance: _____
Legal and accounting: _____
Credit card fees (typically 3%): _____
Organization/membership dues: _____
Other: _____
Total expenses: _____

Net Operating Income (GP - total expenses): _____

CREDIT AUTHORIZATION

The foregoing statement is true and correct and may continue to be considered at least as favorable as shown until otherwise notified in writing by the undersigned. This application is to acknowledge that during Landlord's consideration of any Lease Agreement, a credit investigation and background report may be done on each individual and/or entity that will be signing the Lease Agreement. Your signature below grants Landlord complete permission to obtain such reports at Landlord's expense.

I do hereby grant permission to Retail Leasing Advisors's prospective clients to obtain a credit and/or background report.

Print Name:
Signature:
Social Security #
Date:
Address:
Birth Date:
Phone Number:
Print Name:
Signature:
Social Security #
Date:
Address:
Birth Date:
Phone Number: