

APPLICATION TO LEASE & FINANCIAL STATEMENT FORM



Instructions: Each person signing the Lease Agreement must complete this form. The signed, original(s) must be received by Landlord(s) representative. If fax is sent to expedite the process, please mail the original. **It is important that you complete this from as thoroughly as possible.** Attach any additional/supplemental info available(including photos).

It is the Landlord's prerogative to approve tenants for the shopping center that will best suit the Landlord's investment. This information will be used by the Landlord only, to determine your viability as a tenant (financial stability, previous business experience, planning and preparation, use, design and quality of store).

DATE: _____ HOME ADDRESS: _____

NAME: _____ Own ___
 (First) (Last) Rent ___

ALT PHONE: _____ HOME PHONE: _____
 (Store # if not relocating, cell, pgr, etc)

SOCIAL SEC #: _ _ - _ - _ _ _ _ _ DATE OF BIRTH: ____ / ____ / ____

TENANT'S TRADE NAME/USE: _____

For the purpose of securing credit from time to time with you, I submit the following as a true and correct statement of my financial condition on date named above, and agree to notify you of any material changes affecting my financial condition. In the absence of such notice, this is to be considered a continuing statement and my ability to pay has not fallen below the condition herein set forth.

| ASSETS | | LIABILITIES | |
|--|--------------------|--------------------------------------|-------------------|
| CASH (Schedule A) | \$ | NOTES PAYABLE (Schedule A) | \$ |
| STOCKS AND BONDS (Schedule B) | | NOTES PAYABLE TO RELATIVES (Sched E) | |
| ACCOUNTS & NOTES RECEIVABLE: | | NOTES PAYABLE TO OTHERS (Schedule E) | |
| Due From Relatives & Friends | | ACCOUNTS PAYABLE | |
| Due from others – good | | FEDERAL / STATE INCOME TAXES PAYABLE | |
| Due from others – doubtful | | OTHER ACCRUED TAXES & INTEREST | |
| REAL ESTATE OWNED (Schedule C) | | MORTGAGES PAYABLE (Schedule C) | |
| MORTGAGES OWNED (Schedule D) | | INSTALLMENT CONTRACTS PAYABLE | |
| Cash Surrender Value Life Insurance (Schedule F) | | LOANS AGAINST LIFE INS (Schedule F) | |
| OTHER ASSETS (Itemize): | | OTHER LIABILITIES (Itemize): | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | \$ | | |
| AMOUNT OF ASSETS PLEDGED | \$ | AMOUNT OF LIABILITIES SECURED | \$ |
| ASSETS | LIABILITIES | | =NET WORTH |
| \$ | \$ | \$ | |

Name _____ Date: _____

Name of Employer: _____ Business/Occupation: _____

Employer Address: _____

Employer Phone: _____ Contact: _____

Annual Income: Salary \$ _____ Fees/Comm: _____

Other: _____ Are you a partner or officer in any other business/venture: _____

Age: _____ Marital Status: _____ Spouse's Name _____ # of dependants: _____

Are there any unsatisfied judgments, liens or legal actions pending against you? _____ (attach addl pg if nec)

Have you ever declared bankruptcy or made a general assignment? _____

As of the date of this financial statement, I have not pledged, assigned, hypothecated or transferred the title to any of my assets, except as noted on this form or on a supporting schedule, nor has any such action been taken since that date, except as follows: (attach addl sheet if nec) _____

CONTINGENT LIABILITIES: As endorser or co-maker _____

On receivables discounted or sold _____ As guarantor _____

On leases, mortgages or contracts _____ Unsettled claims _____

Other (Itemize) _____

BUSINESS REFERENCES

Company: _____ Contact: _____ Phone: _____

Company: _____ Contact: _____ Phone: _____

Company: _____ Contact: _____ Phone: _____

BANKING REFERENCE

Bank _____ Contact: _____ Phone: _____

Account# _____ Checking _____ Savings _____ Other _____

Account# _____ Checking _____ Savings _____ Other _____

Bank _____ Contact: _____ Phone: _____

Account# _____ Checking _____ Savings _____ Other _____

Account# _____ Checking _____ Savings _____ Other _____

SCHEDULE A CASH BALANCES & BANK LOANS

| NAME OF BANK | STATEMENT DATE | CASH BALANCE | AMOUNT OWING | ACCOUNT NUMBER OR METHOD OF BORROWING: |
|--------------|----------------|--------------|--------------|--|
| | | | | |
| | | | | |
| | | | | |

SCHEDULE B STOCKS AND BONDS

| SHARES OR BONDS | NAME OF SECURITY | IN NAME OF | PRESENT MKT VAL | IF PLEDGED, TO WHOM |
|-----------------|------------------|------------|-----------------|---------------------|
| | | | | |
| | | | | |
| | | | | |

Name: _____

Date: _____

SCHEDULE C REAL ESTATE OWNED

| % OF OWNER-SHIP | LOCATION & TYPE PROP | DATE ACQD | TITLE IN NAME OF | COST | RECENT APPR. VALUE | MTG AMOUNT DUE |
|---|----------------------|-----------|----------------------------------|------|--------------------|----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| ARE THERE ANY LEINS AGAINST ANY OF THE PROPS? | | | IF YES ATTACH PAPER WITH DETAILS | | | |
| ANY MORTGAGES, INTEREST OR TAXES IN ARREARS? | | | IF YES ATTACH PAPER WITH DETAILS | | | |

SCHEDULE D REAL ESTATE MORTGAGES OWNED

| TYPE OF LIEN(1,2,3 RD) | LOCATION & TYPE OF PROPERTY | MTGEE OF RECORD | ORIGINAL AMOUNT | PRESENT AMOUNT | MATURITY |
|---|-----------------------------|-----------------|-----------------|----------------|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| ARE THERE ANY PRINCIPAL PAYMENTS, INTEREST OR TAXES IN ARREARS? | | | | | |
| ARE THERE ANY UNRECORDED ASSIGNMENTS? | | | | | |

SCHEDULE E NOTES PAYABLE

| AMOUNT | CREDITOR | DUE | TERMS | COLLATERAL |
|--------|----------|-----|-------|------------|
| | | | | |
| | | | | |
| | | | | |

SCHEDULE F LIFE INSURANCE

| FACE AMOUNT | NAME OF INS. COMPANY | BENEFICIARY | TYPE POL | CASH VALUE | LOANS AGAINST POLICY |
|-------------|----------------------|-------------|----------|------------|----------------------|
| | | | | | |
| | | | | | |

BUSINESS EXPERIENCE & PLANS

Do you currently own this type of business/store? _____

If so, how many and what are their locations: _____

Please attach photos of the inside and outside of an existing store. Attached _____ N/A _____ (this reqd if exists)
 How many years have you operated this type of business? _____

Name: _____

Date: _____

Are you planning to relocate your business from a present location? _____

Why have you chosen this location for your business? _____

What is your target customer? _____

How do you plan to pay for the construction, fixturing and opening of your store without depending on receipts for the first few months? _____

Do you have a business plan? _____ If so please attach for review

Do you have a marketing plan? _____ If so please attach for review

Have you ever filed a lawsuit against a previous Landlord? _____

If yes, what were the circumstances? _____

Please give a brief narrative of your previous experience and the nature/quality of the business that you intend to put in this shopping center: _____

The foregoing statement (pages 14) 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 RiverStone LLC permission to obtain a credit and/or background report.

Date: _____

Signature: _____

Print Name: _____