

Application for Shopping Center Tenancy

Name(s) of applicant(s):
Shopping Center:
PLEASE MARK ONE OF THE FOLLOWING:
New Lease Agreement Assignment of existing Lease
PLEASE COMPLETE THE FORMS IN THIS PACKET AND RETURN TO BARCLAY GROUP:
Application for Financial Consideration
Personal Financial Statement*
Prospective Tenant Questionnaire
IRS tax returns for the last two (2) years
*This form contains an authorization for Barclay Group to perform any necessary investigations, including credit

FINANCIAL APPLICATION

PERSONAL INFORMATION

Single	Married					
Own	Rent	Live with pare	ent(s), guardian(s) or relative(s)			
How long have you liv	ved at your present ac	ddress				
Applicant			Applicant's Spouse			
Name			Name			
Address:		_	Address:			
City, State and Zip:			City, State and Zip:			
Home phone:			Home phone:			
Work phone:			Work phone:			
Cell phone:			Cell phone:			
SSN#:	·		CCN			
Driver's License #:			Driver's License #:			
Mother's maiden name	:		Mother's maiden name:			
Birthdate:			Birthdate:			
Have you ever filed fo	r Bankruptcy?	Yes No	Have you ever filed for B	ankruptcy?	Yes	No
Are you a U.S. Citize	en? Yes	No	Are you a U.S. Citizen?	Yes	s No	
EDUCATIONAL BA	<u>CKGROUND</u>					
Applicant			Applicant's Spouse			
High School:			High School:			
Diploma/GED?	Yes No	Year:	Diploma/GED?	Yes No	Year:	
College/University:			College/University:			
Degree Received			Degree Received			
Year Graduated:		<u> </u>	Year Graduated:			
EMPLOYMENT/BUS	INESS DATA					
	INLSS DATA					
Applicant			Applicant's Spouse			
Current Employer:			Current Employer:			
Address:			Address:			
City, State & Zip:			City, State & Zip:			
Present Salary (Gross):		Present Salary (Gross):			
				to		
Description of Work:	-		Description of Work:			
If at current employe			If at current employer le	ess than 5 years	:	
Previous Employer:						
·						
City, State & Zip:	•					
Present Salary (Gross):		Present Salary (Gross):	4.		
Started:						
Description of Work:			Description of Work:			
PREVIOUS BUSINES	SS OWNERSHIP IN	FORMATION				
Business name:			How long did you own th	ne business?	-	
Type of business:			How many employees?			
						
City, State & Zip:						
Place describe how th			ne in which you owned it is			

1

		(Applicant/Sp	ouse o mij.	AMOUNT:
¢	Notes Devicte 4- Day 1-			
\$	Notes Payable to Bank:			<u>¢</u>
\$	2			\$ \$
Φ	2			<u>\$</u>
<u>s</u>	Notes Pavable to Other	Institution (places	give name).	Ψ
Ψ	1	(picase	give namej.	\$
\$	2			\$
\$	3		\$	
·	Accounts Pavable:		<u>.</u> ·	
\$	1		\$	
\$	2			\$
\$	3			\$
\$	4		\$	
	5		\$	
\$	6			\$
\$				\$
\$	Amount Owed on Real	Estate:		\$
	Other Liabilities (describe):		
\$	1			\$
\$	2			\$
\$	3			\$
\$	4			\$
\$	5			\$
\$	6			\$
\$		Total L	iabilities:	\$
\$]			
AMOUNT/VALUE:	MONTH	LY EXPENSES	S	AMOUNT:
\$	Real Estate Payments			\$
\$	Rent			\$
\$	Income Taxes			\$
\$	Insurance Premiums			\$
	Property Taxes			\$
\$	Other (include installment p	ayments other than	Real Estate):	
\$	1			\$
\$	2		\$	
\$	3		\$	
\$			\$	
\$				\$
Ψ	Total Expenses:			\$
\$]			
Number of shares or bonds	Purchase Date	Names of o	wners/how held?	Current Market Value
				\$
				\$
				\$
				5
				\$ \$
	1			Φ
N	mers/how held?	Estimated V-1	Amount O1	To Whom is Mostrone Pould.
Names of ow	/ners/how held?	Estimated Value		To Whom is Mortgage Payable
Names of ow	rners/how held?	\$	\$	To Whom is Mortgage Payable
Names of ow	rners/how held?	\$	\$	To Whom is Mortgage Payable
Names of ow	/ners/how held?	\$ \$ \$	\$ \$ \$	To Whom is Mortgage Payable
Names of ow	rners/how held?	\$	\$	To Whom is Mortgage Payable
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1	1	1

Applicant's Signature

Please complete questions in full. If you need additional space to respond, please attach a separate sheet of paper. LLC:_____ Individually:___ 1. How will you be holding your business? Corporation: 2. Please provide the name of your LLC, Corporation (if applicable): 3. Where is the business incorporated? 4. In which shopping center are you interested? 5. What kind of business do you propose to operate at that location? 6. What is your current profession or business? 7. How will you operate your business at this location? How many employess do you think would be necessary? 8. What type of merchandise, food and/or services will you be providing? If your use is a restaurant, please provide a sample menu and include pricing. 10. What kind of experience do you have in such an operation? 11. What kind of Tenant Improvements do you plan to make to the space? What is the anticipated cost? 12. How do you plan to pay for the above improvements? 13. Please describe your anticipated start-up expenses: **Total Start-Up Expenses:**

14. How will you pay for your start-up expenses?

PROSPECTIVE TENANT QUESTIONNAIRE

	Year 1	Year 2	Year 3	Year 4	Year 5
Gross Income:	\$	\$	\$	\$	\$
Cost of Goods Sold:	\$	\$	\$	\$	\$
Gross Profit:	\$	\$	\$	\$	\$
Expenses:					
Accounting/Professional:	\$	\$	\$	\$	\$
Advertising:	\$	\$	\$	\$	\$
Equipment Lease:	\$	\$	\$	\$	\$
Insurance:	\$	\$	\$	\$	\$
Maintenance & Repair:	\$	\$	\$	\$	\$
Payroll Wages/Taxes:	\$	\$	\$	\$	\$
Rent:	\$	\$	\$	\$	\$
CAM:	\$	\$	\$	\$	\$
Taxes:	\$	\$	\$	\$	\$
Insurance:	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
				Ψ	<u> </u>
Total Expenses:	\$	\$	\$	\$	\$
Net Profit:	\$	\$	\$	\$	\$
This transaction is subject to the ap shall be bound or incur any obligat					
Applicant's Printed Name:			Date:		
Applicant's Printed Name:					
Applicant's Signature:			Date:		
Applicant's Signature:					

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