



TENANCY APPLICATION

INDIVIDUAL

COMPANY

NAME: _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH: _____

DRIVER'S LICENSE NO. _____

SPOUSE: _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH: _____

DRIVER'S LICENSE NO. _____

ADDRESS: _____

CITY/STATE/ZIP: _____

FROM: _____ TO: _____

PHONE: HOME: _____ BUSINESS: _____

PREVIOUS ADDRESS: _____

CITY/STATE/ZIP: _____

FROM: _____ TO: _____

TYPE OF BUSINESS: _____

USE DESIRED: _____

YEARS IN BUSINESS: _____

NUMBER OF OUTLETS: _____

DBA: _____

LOCATION DESIRED: _____ SQUARE FEET: _____

LEASE TERM DESIRED: _____ OPTIONS: _____

SPECIAL REQUIREMENTS/TENANT IMPROVEMENTS: _____

BRIEF SUMMARY OF BUSINESS EXPERIENCE: _____

SALES VOLUME EXPECTED:

YEAR ONE: _____ YEAR TWO: _____ YEAR THREE: _____

BANK NAME: _____

ADDRESS: _____

ACCOUNT NUMBERS: _____ CONTACT: _____

BANK NAME: _____

ACCOUNT NUMBERS: _____ CONTACT: _____

CREDIT ACCOUNTS: _____ ACCOUNT #: _____

_____ ACCOUNT #: _____

_____ ACCOUNT #: _____

PERSONAL REFERENCES: (Name, Phone Number, Relationship)

1. _____

2. _____

3. _____

PLEASE LIST THE LAST TWO LANDLORDS WHERE YOU HAVE PREVIOUSLY RENTED:

1. NAME: _____ PHONE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATES: FROM: _____ TO: _____

INDIVIDUAL OR COMPANY: _____

2. NAME: _____ PHONE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATES: FROM: _____ TO: _____

INDIVIDUAL OR COMPANY: _____

The undersigned represents that all statements made in this application are true and correct. By signing this application, the undersigned authorizes **TERRAMAR RETAIL CENTERS, LLC** to check my (our) credit through various credit bureaus to assess my (our) suitability for the tenancy, and to verify all or any information requested on this application and in any other document furnished in connection with this application, including, without limitation, contacting the personal references and prior landlords provided in this application. The undersigned further agrees that this authorization shall continue after the application process to allow **TERRAMAR RETAIL CENTERS, LLC**, to conduct a credit check at any time thereafter, including, but not limited to, in the event that there is a subsequent default or breach of lease. I (we) also hold **TERRAMAR RETAIL CENTERS, LLC** harmless from any errors or omissions that may arise from information obtained from any credit bureau and any other sources.

Signed: _____ Date: _____

Signed: _____ Date: _____

DO NOT SUBMIT THIS APPLICATION IF NOT SIGNED BY ALL PARTIES



Terramar Retail Centers, LLC
AUTHORIZATION TO PERFORM CREDIT CHECK

The Applicant hereby consents to and authorizes the Landlord's investigation into the credit worthiness and tenant worthiness of the Applicant. Such consent and authorization is given with respect to any and all persons who may conduct an investigation of the Applicant's credit worthiness and tenant worthiness on behalf of the Landlord, including independent contractors and credit agencies retained by Landlord for such purpose.

The undersigned represents that all statements made in this application are true and correct. By signing this application, the undersigned authorizes **TERRAMAR RETAIL CENTERS, LLC** to check my (our) credit through various credit bureaus, to assess my (our) suitability for the tenancy, and to verify all or any information requested on this application. The undersigned further agrees that this authorization shall continue after the application process to allow **TERRAMAR RETAIL CENTERS, LLC**, to conduct a credit check at any time thereafter, including, but not limited to, in the event that there is a subsequent default or breach of lease. I (we) also hold **TERRAMAR RETAIL CENTERS, LLC** harmless from any errors or omissions that may arise from information obtained from any credit bureau and any other sources.

FOR INDIVIDUAL

Name: _____

Complete Address: _____

Social Security No. _____

Signature: _____

Title: _____ Date: _____

FOR COMPANY

Company Name: _____

Complete Address: _____

Signature: _____

Title: _____ Date: _____

Personal Financial Statement					
Name		DOB	Social Security #		Driver's License #
Street Address		City & State	Zip	Phone #	
Name & Address of Employer			Position	Length of Employment	Business Phone# Age of Dependents
Spouse		Spouse DOB	Spouse SS #		Spouse DL #
Spouse Name & Address of Employer			Position	Length of Employment	Business Phone #
Email Address					

If you are married, complete all information for yourself and your spouse.

Financial Information as of: _____

Assets	Amount	Liabilities	Amount	Monthly Payment
Cash in Bank		Income taxes payable		
Cash in other institutions (detail)		Other taxes payable		
Securities owned (Schedule 1)		Revolving Credit (Schedule 4)		
IRA/Keogh/Pension/401k		Installment contracts & notes payable to bank and other (Schedule 5)		
		Loans on Life Insurance		
Notes Receivable including mortgages & Deeds of Trust Owned (Schedule 2)		Mortgages or Liens on Real Estate (Schedule 3)		
Cash Surrender value of Life Insurance		Other Liabilities (detail)		
Real Estate Market Value (Schedule 3)				
Other Investments (Partnerships, etc.)		Total Assets (A)		
Other Assets (detail)		Total Liabilities (B)		
Total Assets		Net Worth (Subtract B from A)		

Annual Income	Amt	Annual Expenditures	Amt	Contingent Liabilities	Amt
Applicant Salary		Interest		As endorser	
Co-Applicant Salary/Spouse Salary		Property Tax/Assessments		As Guarantor	
Dividends/Bonds		Income & Other taxes		On Damage Claims	
Interest		Mortgage Payments		Letters of Credit	
Rentals		Other Contract Payments		Other (detail)	
Other (detail)		Rent			
		Insurance			
If you are married and live in a community property state, your earnings, and all "other income" are presumed to be community property unless you indicate otherwise		Alimony, Child Support/Main			
		Personal Expenses			
		Other (detail)			
Total		Total		Total	

GENERAL INFORMATION – If married, these questions apply to both you and your spouse.

Are there assets held in trust, pledged, or debts secured except as shown?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had a repossession?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had a bankruptcy or a judgment against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been a principal or guarantor of a firm that declared bankruptcy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a party to any claim or suits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been involved with an IRS Audit in the last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> a DWI?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes to any of the above, please explain on a separate sheet

Are you a US citizen? If not, in what country are you a citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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SCHEDULE 1: MARKETABLE SECURITIES

Are any of your securities restricted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you own 10% or more of the outstanding shares of any company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

HOW HELD	NO. SHARES OR BOND ACCOUNT	DESCRIPTION	TITLE IN NAME OF	PLEDGES YES or NO	WHERE TRADED	PRESENT MARKET VALUE

Indicate: J – Jointly with Spouse; A - Applicant's separate property; S – Spouse's separate property

TOTAL

SCHEDULE 2: NOTES RECEIVABLE – MORTGAGE & DEED OF TRUST OWNED

HOW HELD	NAME OF DEBTOR	COLLATERAL/ TYPE OF PROPERTY	DATE OF NOTE	ANNUAL P&I PAYMENT	DUE DATE	DUE DATE 1 ST OR 2 ND LIEN	UNPAID BALANCE

Indicate: J – Jointly with Spouse; A - Applicant's separate property; S – Spouse's separate property

Total

SCHEDULE 3 – REAL ESTATE HOLDINGS – MORTGAGES OR LIENS

Indicate: SD=Single Dwelling; MD=Multiple Dwelling; C=Commercial/Industrial

HOW HELD	PROPERTY ADDRESS	a. MARKET VALUE	Date Purchased	NAME OF LENDERS	a. 1 ST LIEN BALANCE	MO. PAYMENT
		b. COST	% OWNED		b. 2 ND LIEN BALANCE	
		a.		1.		
		b.		2.		
		a.		1.		
		b.		2.		
		a.		1.		
		b.		2.		
		a.		1.		
		b.		2.		
		a.		1.		
		b.		2.		
MARKET VALUE of All Real Estate		Balance of all Mortgages and Liens				

Indicate: J – Jointly with Spouse; A - Applicant's separate property; S – Spouse's separate property

SCHEDULE 4: REVOLVING CREDIT

SCHEDULE 5: INSTALLMENT CONTRACTS AND NOTES PAYABLE

CREDITOR	ACCOUNT #	MONTHLY PAYMENT	PRESENT BALANCE	CREDITOR	ACCOUNT #	MONTHLY PAYMENT	PRESENT BALANCE
TOTAL				TOTAL			

I will immediately notify you in writing if there is a material change in my financial condition. In the absence of such notice, this shall constitute both a new and continuing statement of my financial condition each time I become obligated to you or you rely, to any extent whatsoever, on this statement of my financial condition. I agree that my present and future obligations to you may become immediately due and payable, at your sole discretion and without damage or notice is; (a) I, or any endorser or guarantor of any of my obligations, at any time fail in business, become insolvent, commit any act of bankruptcy, or die (b) a writ of attachment, garnishment, execution or other legal process is issued against a material portion of my property; (c) any act for the collection of delinquent taxes is taken against me; (d) any representation to you by me or a guarantor or endorser of my obligations proves to be misleading or untrue; (e) I fail to notify you of any material change in my financial condition or there is a materially adverse change in my condition; or (f) I sell or transfer any interest in my current business.

I represent and declare under the penalty of perjury that the foregoing is a true and correct statement of my financial condition. Any existing or threatening litigation, claim, or circumstance which might reasonably be expected to affect my condition in the future is fully described below or in an attached statement.

By placing your electronic signature in the space provided below, you are authorizing Terramar Retail Centers, LLC to see and provide all of the information described above to the same extent as if you are signing a paper authorization with link. You are entitled to have a paper copy of this Authorization form that includes a copy of your electronic signature. We will send you a copy of your electronic authorization upon your request.

X		X
Applicant's Signature	Date	Co-Applicant's Signature
X		
(Optional) Signature of Spouse/Former Spouse	Date	

To authorize verification of income and of credit history (only your spouse or former spouse's authorization may be needed if you are relying on his or her income or other community property)

BUSINESS PLAN OUTLINE

Provide, with your application, financial statement and credit release forms, a business plan which covers the following items:

I. Background of Operator

A narrative of business experience, especially retail type.

II. Operational Plan

Discussion of how the store/restaurant will be operated: merchandise types/menu types, average pricing levels, targeted customers, marketing and advertising plans, staffing plans.

III. Financial Plan

A. Sales forecast by month for year one, by quarter for year two, annual year three.

B. Detail of sources of cash/method of obtaining equipment and inventory.

C. Cash Flow Budget monthly for year on (see format attached.)

IV. Visual

A. Proposed Floor Plan

B. Artist or architectural rendering of store design.

C. Pictures of existing or like store.