Centers Business Management

Standard Shopping Center Lease Application

**(This Application must be filled out completely or it will not be accepted)

Property Address _____ Unit #_____

Leasing Agent _____

Personal Information

Full Name _____ Date of Birth_____

Drivers License # _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Phone_____ Fax _____Email_____

Own or Rent _____ Number of Years _____ Number of Dependants _____

Marital Status - Married _____ Single _____

Employment Information

Current Employer _____ Number of Years _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisor/Contact Person _____

Spouse / Co-Applicant

Full Name _____ Date of Birth_____

Drivers License # _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Own or Rent _____ Number of Years _____ Number of Dependants _____

Current Employer _____ Number of Years _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisor/Contact Person _____

I hereby authorize CBM to obtain a consumer credit report

_____ _____

Applicant Signature Date Spouse/Co-Applicant Signature Date

Your Southern California Management & Leasing Partner

1517 S. Sepulveda Blvd. Los Angeles, CA 90025 | 17030 Ventura Blvd Encino, CA 91316

310.575.1517| Fax 310.575.1147 818.380.9966| Fax 818.380.9976

Revision-8/1/2008

Financial Information

Cash	$_____	Notes Payable-Total Owed (list below)	$_____
Stocks & Bonds (net) (list below)	$_____	Accounts Payable-Total Owed (list below)	$_____
Life Insurance (surrender value)	$_____	Mortgages-Total Owed (list below)	$_____
Real Estate (total value) (list below)	$_____	Automobiles-Total Owed	$_____
Automobiles_____ _____ _____		Income Taxes-Accrued to Date	$_____
Personal Possessions	$_____	Other Debts _____ _____	
Other	$_____		
Total Assets	$_____	Total Liabilities	$_____
		Net Worth (assents minus liabilities)	$_____

Annual Income & Expenses

Your Salary		Rent/Mortgage	
Spouse's Salary		Payment on notes owed	
Dividend Income		Pymt on Accounts payable	
Rental Income		Tax Payment	
Interest Income		Personal Living Expenses	
Other		Other	

Stocks & Bonds

Description	Number of Shares	Original Cost	Present Value

Real Estate Mortgage & Trust Deeds

Description	Original Cost	Present Value	Amount Owed	Monthly Payment
Totals				

Notes & Accounts Payable

(do not include real estate)

Description	Account Number	Amount Owed	Present Value
Totals			

Detailed List of Real Estate Currently Owned

Address_____ City _____ State _____ Zip_____
Address_____ City _____ State _____ Zip_____
Address_____ City _____ State _____ Zip_____
Address_____ City _____ State _____ Zip_____
Address_____ City _____ State _____ Zip_____
Address_____ City _____ State _____ Zip_____

Business Plan / Details

Hours of Operation

Monday	Tuesday	Wednesday	Thursday	Friday

How many Employees Anticipated _____ Total _____ At one time _____

Who will manage the business on a daily basis _____

What background do you have in this business (please attach a resume)
How do you plan to generate business (please attach business plan)

What is your estimate of the cost to install fixtures/build-out the space _____

What is your estimate of the cost for inventory _____

What are the gross receipts required to:

	Monthly $	Yearly $
To stay in business		
To be satisfied with the business		
To be extremely please with the business		

Two Year Income Projections	Year 1	Year 2
Gross Receipts	$	$
Less: Returns		
Credit Losses		
Theft/Loss		
Other		
Net Receipts	$	$
Less: Cost of Goods		
Operating Expenses		
Employee Salaries		
Debt Services		
Rent & Related		
Advertising & Promotion		
Insurance		
Other		
Net Income Excluding Owner's Salaries		

Detailed List of Additional Locations of Your Business

Address_____ City _____ State _____ Zip_____
Address_____ City _____ State _____ Zip_____
Address_____ City _____ State _____ Zip_____
Address_____ City _____ State _____ Zip_____

Previous Landlord(s)

Contact Name _____ Phone Number _____

Contact Name _____ Phone Number _____

Contact Name _____ Phone Number _____

Contact Name _____ Phone Number _____

The information contained in the application is certified as true and accurate as of the date executed and delivered by the undersigned. The undersigned hereby grant authorization to conduct a credit and background check. It is understood by the undersigned that the intent of this information provided herein is to make a determination regarding entering into a lease agreement, guarantee of lease, transfer of lease, or other agreement with the undersigned.

_____ _____
Applicants Signature Date Spouse/Co-Applicants Signature Date