



### NEW TENANT LEASE APPLICATION

**Do not leave any questions unanswered. Please use "N/A" or "NONE" where necessary.**

Thank you for your interest in a lease with Vestar. Please complete the attached packet in its entirety, so that we may complete our review as quickly and efficiently as possible. In addition to the application packet, we ask that you provide the following items:

- Business resume, providing a discussion of applicant's operating background
- Business plan
- Bank and Brokerage Statements supporting cash and security balances reported on the personal balance sheet

Proposed tenant entity: \_\_\_\_\_

Please list all individual tenants/guarantors involved (including spouses). **THIS IS REQUIRED. Once Application is completed, Vestar will request a credit check through ACUTRAQ.** It is important to complete this application in a timely manner as failure to do so will delay the financial review process.

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If applicant is a business entity, please explain the relationship(s) between the business entity and the individuals listed above. Submission of YE business financials and tax returns are required.

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**Please provide additional documentation in electronic form (PDF) whenever possible.**

I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.

Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete and authorizes VESTAR to run a credit report using this information. PLEASE BE SURE TO SIGN THIS DOCUMENT.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_



A PERSONAL FINANCIAL STATEMENT SHALL BE COMPLETED BY EACH INDIVIDUAL INVOLVED IN THE TRANSACTION

**PERSONAL FINANCIAL STATEMENT FORM**

APPLICANT	Name:	
	Date of Birth:	
	Social Security Number:	
	Employer:	
	Address of Employer:	
	Business Phone:	
	Number of Years with Employer:	
	Title / Position:	
SPOUSE (Required If Married	Name:	
	Date of Birth:	
	Social Security Number:	
	Employer:	
	Address of Employer:	
	Business Phone:	
	Number of Years with Employer:	
	Title / Position:	
	Home Address:	
	City, State, Zip Code	
	Home Phone:	
	Name & Phone of Your Accountant:	
	Name & Phone of Your Attorney:	
	Name & Phone of Your Insurance Agent:	

I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.



**PERSONAL FINANCIAL STATEMENT FORM**

FINANCIAL CONDITION AS OF:

**BALANCE SHEET**

ASSETS	\$	LIABILITIES	\$
Cash in Banks (List)		Notes Payable (Sched E)	
		Accounts Payable (Including Credit Cards)	
		Notes Due: Partnerships (Sched D)	
		Taxes Payable	
Residential Real Estate (Sched C)		Mortgage Debt (Sched C)	
Real Estate Investments (Sched C)		Investment Mortgage Debt (Sched C)	
Readily Marketable Securities (Sched A)		Life Insurance Loans (Sched B)	
Non-Readily Marketable Securities (Sched A)		Margin Accounts	
Accounts & Notes Receivable		Other Liabilities (List)	
Net Cash Surrender Value of Life Insurance (Sched B)			
Partnerships / PC Interests (Sched D)			
IRA, Keogh, Profit Sharing, Other Vested Accounts			
Deferred Income			
Personal Property			
Automobiles			
Other Assets (List)			
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH (Assets less Liabilities)</b>	

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

	YES / NO
Are any of the above assets or liabilities held in trust?	<input type="text"/>
Have you or any firm in which you were a major owner ever declared bankruptcy?	<input type="text"/>
Do you anticipate any substantial inheritances?	<input type="text"/>

If yes for any of the above, please attach details on a separate sheet of paper.



**PERSONAL FINANCIAL STATEMENT FORM**

FINANCIAL CONDITION AS OF:

**CASH INCOME AND EXPENDITURES FOR YEAR ENDED**

ANNUAL INCOME	\$	ANNUAL EXPENDITURES	\$
Salary		Federal & Other Income Taxes	
Salary (Spouse)		State Income & Other Taxes	
Bonuses & Commissions		Rental Payments	
Bonuses & Commissions (Spouse)		Mortgage Payments	
Rental Income		Investment Mortgage Payments	
Interest Income		Residential Property Taxes	
Dividend Income		Investment Property Taxes	
Capital Gains		Interest & Principal Payments on Loans	
Partnership Income		Insurance	
Other Investment Income		Investments (Including Tax Shelters)	
Other Income (List)		Alimony / Child Support	
		Tuition	
		Medical Expenses	
		Other (List)	

<b>TOTAL INCOME</b>		<b>TOTAL EXPENDITURES</b>	
		<b>INCOME AFTER EXPENDITURES</b>	

**CONTINGENT LIABILITIES**

YES / NO

- Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation or partnership?
- Do you have any outstanding letter of credit or surety bonds?
- Are there any suits or legal actions pending against you?
- Are you contingently liable on any lease or contract?
- Are any of your tax obligations past due?

If yes for any of the above, please attach details on a separate sheet of paper.



**PERSONAL FINANCIAL STATEMENT FORM**

**SCHEDULE A - ALL SECURITIES (Including Non-Money Market Mutual Funds)**

# Shares / Face Value	Description	Owner	Where Held	Cost	Current Market Value	Pledged
<b>Readily Marketable Securities</b>						
<b>Total Readily Marketable Securities</b>						

<b>Non-Readily Marketable Securities</b>						
<b>Total Non-Readily Marketable Securities</b>						

**SCHEDULE C - PERSONAL RESIDENCE & REAL ESTATE INVESTMENTS, MORTGAGE DEBT**

<b>Personal Real Estate</b>						
Address	Legal Owner	Cost	Market Value	Loan Balance	Monthly Payments	Loan Maturity
<b>Totals</b>						

<b>Investment Real Estate</b>						
Address	Legal Owner	Cost	Market Value	Loan Balance	Monthly Payments	Loan Maturity
<b>Totals</b>						



**PERSONAL FINANCIAL STATEMENT FORM**

**SCHEDULE D - PARTNERSHIPS**

Type of Investment	Balance Due / Cash Calls	Cost	Market Value	Date of Final Contribution	Date of Purchase	% Owned
<b>Totals</b>						

**SCHEDULE E - NOTES PAYABLE**

Due to	Type of Facility	Amount of Line	Secured ?	Collateral	Unpaid Balance	Maturity
<b>Totals</b>						

**SCHEDULE B - INSURANCE**

Insurance Company	Beneficiary	Owner	Type	Cash Value	Amount Borrowed	Face Value
<b>Totals</b>						





## TENANT HISTORY

### 4. CAPITAL REQUIREMENTS

Build-Out: \_\_\_\_\_

FF&E: \_\_\_\_\_

Inventory: \_\_\_\_\_

Working Capital: \_\_\_\_\_

Other: \_\_\_\_\_

**TOTAL REQUIREMENTS:** \_\_\_\_\_

Cash Available: \_\_\_\_\_

Loan: \_\_\_\_\_

Landlord Contribution: \_\_\_\_\_

**TOTAL SOURCES OF CASH:** \_\_\_\_\_

### 4. OTHER COMMENTS

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