



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.

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.

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:	
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BALANCE SHEET	
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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)			
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH (Assets less Liabilities)	

PLEASE ANSWER THE FOLLOWING QUESTIONS

	YES / NO
Are any of the above assets or liabilities held in trust?	<input style="width: 90%;" type="text"/>
Have you or any firm in which you were a major owner ever declared bankruptcy?	<input style="width: 90%;" type="text"/>
Do you anticipate any substantial inheritances?	<input style="width: 90%;" 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)	

TOTAL INCOME		TOTAL EXPENDITURES	
		INCOME AFTER EXPENDITURES	

CONTINGENT LIABILITIES

	YES / NO
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation or partnership?	<input type="text"/>
Do you have any outstanding letter of credit or surety bonds?	<input type="text"/>
Are there any suits or legal actions pending against you?	<input type="text"/>
Are you contingently liable on any lease or contract?	<input type="text"/>
Are any of your tax obligations past due?	<input type="text"/>

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
Readily Marketable Securities						
Total Readily Marketable Securities						

Non-Readily Marketable Securities						
Total Non-Readily Marketable Securities						

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

Personal Real Estate						
Address	Legal Owner	Cost	Market Value	Loan Balance	Monthly Payments	Loan Maturity
Totals						

Investment Real Estate						
Address	Legal Owner	Cost	Market Value	Loan Balance	Monthly Payments	Loan Maturity
Totals						



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
Totals						

SCHEDULE E - NOTES PAYABLE

Due to	Type of Facility	Amount of Line	Secured ?	Collateral	Unpaid Balance	Maturity
Totals						

SCHEDULE B - INSURANCE

Insurance Company	Beneficiary	Owner	Type	Cash Value	Amount Borrowed	Face Value
Totals						



TENANT HISTORY

CENTER: _____

1. TENANT

Legal name of Tenant (including State of residence/incorporation)

Trade Name of Tenant _____

Proprietor's Legal Name (including State of residence)

2. EXPERIENCE

Is this a first-time user? YES NO

If not, how many current locations? _____

Other locations:

Address	# Years in Operation	Square Foot	Annual Revenue

How many years experience? _____

Additional training/product knowledge

3. PRINCIPALS (list all principals and their involvement)



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
