

SHOPPING CENTER APPLICATION

Personal Information and Financial Statement

(Please Fill Out Completely)

Center Name: _____
 Use: _____
 Space # & Size _____

Full Name: _____ Age: _____

Driver's License #: _____

Address: _____ City: _____ State/Zip: _____

Phone: _____ Own or Rent: _____ How Long: _____ # of Dependents: _____

Present Employer: _____ How Long: _____

Address: _____

Phone: _____ Position: _____

Do you plan to leave this job within the next year? _____

Spouse's Full Name: _____ Age: _____

Driver's License #: _____

Present Employer: _____ How Long: _____

Address: _____

Phone: _____

Does your spouse plan to leave this job within the next year? _____

Bank & Address: _____ Acct #: _____

Bank & Address: _____ Acct #: _____

Have either you or your spouse ever filed bankruptcy (either personally or as any entity)? Yes No

BALANCE SHEET:

Cash and Savings: \$ _____	Notes Payable-total \$ _____
Stocks & Bonds (list on back): _____	owed (list on page 2): _____
Notes/Accounts Receivable: _____	Accounts Payable: total _____
Life Insurance (<i>not full value, only surrender value</i>): _____	owed (list on page 2): _____
Real Estate-total value (list on page 2): _____	Automobile-total owed _____
Automobiles (List Make/Yr): _____	Income Taxes withheld to date: _____
_____	_____
_____	Other: _____
Personal Possessions: _____	_____
Other: _____	_____
Total Assets: \$ _____	Total Liabilities: _____
NET WORTH (assets minus liabilities): \$ _____	

REGARDING YOUR PLANNED BUSINESS: Please complete the following and attach additional information regarding you related background and business plans as necessary.

What are your planned hours of operation for the business?			How many employees do you anticipate?	
Monday		to:	Total:	At any one time:
Tuesday		to:		
Wednesday		to:	Who will manage the business on a day-to-day basis?	
Thursday		to:		
Friday		to:		
Saturday		to:		
Sunday		to:		

What background do you have in this business? (Please attach a resume)

How do you plan to generate business?

How much do you estimate you will spend fixturing the premises? \$ _____

How much do you estimate you will spend on inventory? \$ _____

How do you plan to finance these costs (savings, loans, etc.)?

What level of annual gross receipts do you feel you need?	Year 1	Year 2
To stay in business:	\$ _____	_____
To be satisfied in business:	\$ _____	_____
To be extremely pleased with the business:	\$ _____	_____

What are your income projections for the first two years?	Year 1	Year 2
Gross Receipts:	\$ _____	\$ _____
Less: Returns	_____	_____
Credit Losses	_____	_____
Theft/Pilferage	_____	_____
Other	_____	_____
Net Receipts:	\$ _____	\$ _____
Less: Cost of goods sold	_____	_____
Less: Operating expenses	_____	_____
Salaries excluding self & spouse	_____	_____
Debt service	_____	_____
Rent and related	_____	_____
Advertising & promotion	_____	_____
Insurance	_____	_____
Other	_____	_____
Net income excluding owner's salaries:	\$ _____	\$ _____