



W.M. GRACE COMPANIES

SINCE 1966

TENANT APPLICATION

NAME: _____

PROJECT: _____

INSTRUCTIONS: W.M. Grace Development Co. would appreciate your cooperation in answering the following questions fully and accurately. **PLEASE PRINT**, and sign your name on page 5 of the application. Your diligence in completing this form will greatly speed up your lease negotiations.

b. Name of Center: _____

Location: _____

Street City State Zip

Sales History: 19 _____ \$ _____, 19 _____ \$ _____,
19 _____ \$ _____, 19 _____ \$ _____,

Landlord: _____ Contact: _____

Phone: () _____ Store Open Since: _____

c. Name of Center: _____

Location: _____

Street City State Zip

Sales History: 19 _____ \$ _____, 19 _____ \$ _____,
19 _____ \$ _____, 19 _____ \$ _____,

Landlord: _____ Contact: _____

Phone: () _____ Store Open Since: _____

9. Anticipated Date to Occupy Store _____ Opening Date: _____ Hours _____ AM to _____ PM _____

10. Store to be Managed By: _____

Last First Middle

How many hours per week will owners be involved: _____ hours Days per week store to be open _____

11. Tenant has been operating under the store name for _____ years in this community, and for _____ years in _____

12. Tenant shall use the premises to sell: _____

13. Products/Merchandise to be carried: _____

Principal Suppliers of Merchandise: _____

Company/Contact Name: _____

Address: _____

Street City State Zip

Phone: () _____

Company/Contact Name: _____

Address: _____

Street City State Zip

Phone: () _____

Company/Contact Name: _____

Address: _____

Street City State Zip

Phone: () _____

14. List your principal business activities for the past five years. Include any prior retail experience of the owners/managers for the operation of this store: _____

Company _____ Address _____

Type of Business _____

Employee From _____ To _____

Position _____ Annual Salary _____

Supervisor _____ Telephone () _____

Describe Duties, Responsibilities and Number of Employees Supervised: _____

Company: _____ Address: _____

Type of Business: _____

Employee From: _____ To: _____

Position: _____ Annual Salary: _____

Supervisor: _____ Telephone () _____

Describe Duties, Responsibilities and Number of Employees Supervised: _____

15. List the names of three (3) personal, business or supplier references. Permission is granted to contact the following: _____

Name: _____ Contact: _____

Address: _____

Street City State Zip
Phone: () _____

Name: _____ Contact: _____

Address: _____

Street City State Zip
Phone: () _____

Name: _____ Contact: _____

Address: _____

Street City State Zip
Phone: () _____

16. List the name of Tenant's principal Bank References. Permission is granted to contact the following:

Bank Name: _____ Contact: _____

Address: _____

Street City State Zip
Phone: () _____

Accounts: _____ Checking _____ Savings _____ Other Accounts

Bank Name: _____ Contact: _____

Address: _____

Street City State Zip
Phone: () _____

Accounts: _____ Checking _____ Savings _____ Other Accounts

Bank Name: _____ Contact: _____

Address: _____

Street City State Zip
Phone: () _____

Accounts: _____ Checking _____ Savings _____ Other Accounts

17. How do you intend to finance your store improvements, fixtures, and inventory? _____

Source of additional financing: _____

Has a loan been approved: _____ Yes _____ No

Name of Company/Contact: _____ Phone: () _____

18. List the name of your insurance carrier for General Liability:

Company: _____ Contact: _____

Address: _____

Street City State Zip

Phone: () _____

19. List the name of your Accountant and Lawyer:

Company: _____ Contact: _____

Address: _____
Street City State Zip

Phone: () _____

Company: _____ Contact: _____

Address: _____
Street City State Zip

Phone: () _____

20. What are your estimates of annual sales volume for the first two years:

1) \$ _____ 2) \$ _____

21. How do you plan to advertise your business? _____

22. What is your 1st years advertising budget? _____

23. What plans do you have to merchandise your store windows and how will you do this? _____



I hereby attest that all of the information on this application and accompanying Financial Statement is true and correct. This information has been given to you for the purpose of inducing you to rent to me in our shopping center. I authorize such investigation and receiving of information requested by W.M. Grace Development Co., and release from Liability any person/entity giving or receiving such information.

Signature

Date

Signature

Date

PERSONAL FINANCIAL STATEMENT

Date: _____

Name: _____ Employer: _____ Years: _____

Address: _____ Position: _____ Phone: _____

_____ Zip _____ Previous Employer: _____ Years: _____

Home
Social Security Number: _____ Phone _____ Name of Spouse: _____

Birth Date: _____ Number of Dependents _____ Spouse Social Security No.: _____

Important Notice: Under Arizona law, property (including salary and wages) acquired by either a husband or wife during marriage is the community property of both, property acquired before marriage or after marriage by gift or inheritance and the income therefrom is the separate property of the spouse who acquired it.
Community Obligation: This Financial Statement, UNLESS OTHERWISE MARKED BELOW, is our joint Financial Statement, in conjunction with a request for credit as a debt of the marital community. Supply all information requested (both spouses sign the Financial Statement).

Sole and Separate Obligation: This Financial Statement, is my SOLE AND SEPRATE Financial Statement, in conjunction with a request for credit as a sole and separate debt of mine, not based on the creditworthiness of the marital community (if any). Give no other information regarding your spouse or co-applicant (if any) except name. (List all your sole and separate assets and income and also all debts for which you are obligated by your signed promise to pay.)

ASSETS		DOLLARS	LIABILITIES		DOLLARS
Cash	Bank Name		Loans Payable	Branch Name(s) & Collateral	
1)			1)		
2)			2)		
3)			3)		
Other cash – give location(s)			Loans payable to other financial institutions – give name(s) & collateral		
1)			1)		
2)			2)		
3)			3)		
Amounts owed to you/Loans payable to you (give names)			Accounts payable (include credit cards) to other firms & individuals give names		
1)			1)		
2)			2)		
3)			3)		
4)			4)		
Securities (Schedule B)			Taxes Payable		
Cash surrender value life insurance (Schedule C)			Estimated taxes on unrealized gains		
Vehicles – year and make			Real estate indebtedness (Schedule A)		
1)					
2)					
Real Estate (Schedule A)			Other liabilities (describe)		
Other assets (describe)			1)		
1)			2)		
2)			3)		
3)			4)		
4)			5)		
5)			TOTAL LIABILITIES		\$
			Net Worth		\$
TOTAL ASSETS		\$	TOTAL		\$
ANNUAL INCOME *			ANNUAL EXPENDITURES (excluding ordinary living expenses)		
Gross Salary			Real estate payment(s) (Schedule A)		
Spouse gross salary			Rent		
Securities income			Income taxes (annual payroll deductions or lump sum payments)		
Rental Income			All insurance premiums (life & R.E. – not impounded **)		
Other income (describe)			Property taxes (if not impounded **)		
1)			Other expenditures (describe) include installment payments for vehicles		
2)			1)		
3)			2)		
4)			3)		
5)			4)		
			5)		
TOTAL ANNUAL INCOME		\$	TOTAL ANNUAL EXPENDITURES		\$
Less – Total Expenditures		\$	** Impounded insurance premiums and property taxes are amounts held in escrow by the lender for future payments		
Net Cash Income (Exclusive of ordinary living expenses)		\$			

Income from alimony, child support, or maintenance payments need not be revealed if you do not choose to disclose such income in applying for credit. As a creditor, we may inquire whether any income stated in an application is derived from such a source.

PLEASE COMPLETE AND SIGN THE NEXT PAGE

CHECK ALL APPLICABLE ITEMS AND GIVE DETAILS (I.E. dates and descriptions)

_____ Assets held in joint tenancy – With who: _____

_____ Assets held in Trust – Name of Trust: _____

_____ Homestead filed – Year: _____

_____ Debts of other which you guarantee: _____

_____ Assets encumbered except as indicated: _____

_____ Debt secured except as indicated: _____

_____ Other business connections: _____

_____ Suits or judgements against you: _____

_____ Bankruptcy – Year: _____

_____ Executor of your estate: _____

_____ Other banks with which you do business: _____

SCHEDULE A – REAL ESTATE							
ADDRESS AND DESCRIPTION OF PROPERTY (E.G. COMMERCIAL BUILDING, RESIDENCE, MULTI FAMILY)	TITLE IN NAME OF	PURCHASE PRICE	YEAR PURCHASED	ESTIMATED VALUE	INDEBTEDNES S	ANNUAL PAYMENTS	TO WHOM PAYABLE
1.		\$		\$		\$	
2.		\$		\$		\$	
3.		\$		\$		\$	
4.		\$		\$		\$	
SCHEDULE B – SECURITIES							
NUMBER SHARES OF STOCK/ FACE VALUE OF BONDS	DESCRIPTION NAME OF COMPANY			EXCHANGE ON WHICH TRADED (IF KNOWN)	CURRENT VALUE - MARKETABLE	ESTIMATED VALUE - UNMARKETABLE	
1.					\$	\$	
2.					\$	\$	
3.					\$	\$	
4.					\$	\$	
SCHEDULE C – LIFE INSURANCE							
NAME OF INSURED	NAME OF COMPANY	FACE VALUE	CASH SURRENDER VALUE (IF ANY)				
1.		\$	\$				
2.		\$	\$				
3.		\$	\$				
4.		\$	\$				
Automobile insurance: Public Liability – yes <input type="checkbox"/> No <input type="checkbox"/> Comprehensive Personal Liability – yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____							

If additional space is needed for Schedule A, Schedule B, and/or Schedule C, list on separate sheet and attach.

In submitting the foregoing statement, both the printed and written portions of which I have carefully read, I guarantee its accuracy with the relied upon by W.M. Grace Companies. I warrant that I have no known obligations, direct or contingent, which have not been set forth hereon and that I have not knowingly withheld any material information of an adverse nature. I agree to notify W.M. Grace Companies immediately in writing, of any unfavorable change in my financial condition.

(Date Signed) (Signature)

(Date Signed) (Signature)



W.M. GRACE COMPANIES

SINCE 1966

CORPORATE OFFICE
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