



Standard Shopping Center

LEASE APPLICATION

Property Address: _____ Unit #: _____

Leasing Agent Name: _____

APPLICANT PERSONAL INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____ Social Security #: _____ Driver's License #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____ Email: _____

Own or Rent: _____ Number of Years: _____ Number of Dependents: _____

Marital Status – Married: _____ Single: _____

EMPLOYMENT INFORMATION

Employer: _____ Number of Years Employed: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone # _____ Supervisor/Contact Person _____

SPOUSE (Co-application should fill out a separate application)

First & Last Name: _____ Date of Birth: _____ Social Security #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____ Email: _____

Own or Rent: _____ Number of Years: _____ Number of Dependents: _____

Employer: _____ Number of Years Employed: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone # _____ Supervisor/Contact Person _____

I hereby authorize CBM1 to obtain a consumer credit report

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 CBM1 and/or landlord authorization to conduct a **credit and background check** (when and as they determine is necessary, in their sole discretion). 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.

Applicant Signature

Date

Spouse

Date

Financial Information

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

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 Income		Other Expenses	
Totals		Totals	

Real Estate Owned

Description / Address	Original Cost	Present Value	Amount Owed	Monthly Payment
Totals				

Detailed List of Current Real Estate Holdings

Address: _____ City: _____ State: ____ Zip: _____

Address: _____ City: _____ State: ____ Zip: _____

Address: _____ City: _____ State: ____ Zip: _____

Detailed List of Additional Business Locations

Address: _____ City: _____ State: ____ Zip: _____

Address: _____ City: _____ State: ____ Zip: _____

Address: _____ City: _____ State: ____ Zip: _____

Prior Landlord(s)

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 Centers Business Management and/or landlord authorization to conduct a credit and background check (when and as they determine is necessary, in their sole discretion). 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.

Applicant Signature Date Spouse Date