

**The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by Equity Residential, from time to time as may be needed, in the credit evaluation process.**

**Name(s):** \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

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

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

**Social Security #:** \_\_\_\_\_

**Tax ID #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Building Name and Space:** \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

This form does not obligate either party to the performance of a contract for lease-hold property. It is purely for information and does not constitute an offer to lease property or any negotiation for such a purpose. In order to complete your application for lease, this document and the attached financial statement must be completed and returned to our attention. It is important to comply with this request in order to process your application in an expeditious manner.

In addition to these documents, your application will be expedited by the submission of the following:

- Two (2) years of corporate or business entity tax returns.
- Two (2) years of profit and Loss for relevant business unit
- Where a personal guarantee is involved, three years of individual returns
- A statement of net worth, signed by a certified public accountant

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

\_\_\_\_\_ Social Security #: \_\_\_\_\_

\_\_\_\_\_

Own \_\_\_\_ Rent \_\_\_\_ Years at this address \_\_\_\_\_ Monthly mortgage/rent: \_\_\_\_\_

Name and Address of Landlord:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present business or profession: \_\_\_\_\_

Salary (annual): \_\_\_\_\_ Will this income continue? \_\_\_\_\_

Employer's name, address and phone number:

\_\_\_\_\_  
\_\_\_\_\_

Business Experience – Retail: Describe fully the business operation and your roles; indicate dates:  
(Provide a resume)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach the Following:**

1. **Present a Business Plan and Detailed Cash Flow**
2. **Source of Equity – Personal Balance Sheet**
3. **Profile of Business Principals including relevant business experience**
4. **Franchise Agreement (if applicable)**
5. **Start Up Costs**
6. **Present Bank Statements for the last six months**
  - a. **Personal**
  - b. **Business**

**References**

I hereby authorize the bank to release information confirming my account.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Account # : \_\_\_\_\_

Bank: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize the bank to release information confirming my account.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Account # : \_\_\_\_\_

Bank: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL AND CONFIDENTIAL  
FINANCIAL STATEMENT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

To Whom It May Concern:

The undersigned for the purpose of procuring and maintaining credit from time to time submits the following as being a true and accurate statement of their financial condition on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and agrees that if any changes occurs that materially reduces the means or ability of the undersigned to pay all claims or demands against them, the undersigned will immediately and without delay notify all creditors who have extended credit and warrants the continued reliability of this statement of the financial condition of the undersigned.

**ASSETS:**

Cash in Bank \$ \_\_\_\_\_

Cash Value of \_\_\_\_\_

Vested Retirement \$ \_\_\_\_\_

Cash Value of Life \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Real Estate \$ \_\_\_\_\_

Franchise Fee Paid \$ \_\_\_\_\_

Automobiles \$ \_\_\_\_\_

Other Personal \_\_\_\_\_

Property \$ \_\_\_\_\_

Notes Receivable \$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL ASSETS**

**LIABILITIES:**

Notes Payable \$ \_\_\_\_\_

Consumer Loans \$ \_\_\_\_\_

Auto Loans \$ \_\_\_\_\_

Real Estate \_\_\_\_\_

Mortgages \$ \_\_\_\_\_

**Total Liabilities** \$ \_\_\_\_\_

**Net Worth** \$ \_\_\_\_\_

**Total Liabilities**

**And Net Worth** \$ \_\_\_\_\_

Please provide additional details where necessary

Employment:

<u>Name</u>	<u>Employer</u>	<u>How Long Employed</u>	<u>Annual Salary</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

PLEASE READ CAREFULLY AND SIGN BELOW

Correct Information. You represent that all of the above statements are true and complete. You authorize us to contact any references listed above and to obtain consumer reports, which may include credit, rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information. You further authorize us to obtain subsequent consumer reports to ensure that you continue to satisfy the terms of your tenancy, for the collection and recovery of any financial obligations relating to your tenancy, or for any other permissible purpose. You understand that we may report all positive and negative rental payment history to consumer reporting agencies who track this information for landlords, mortgage companies and other creditors. You and all occupants hereby release from all liability or responsibility all persons and corporations requesting or supplying such information. You acknowledge that false, incomplete or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all residents and occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of this State. This application is preliminary only and does not obligate us to execute a Lease or to deliver possession of the premises to you. You also acknowledge that if any payment to us is returned or otherwise rejected by your financial institution for any reason, we will assess a returned item fee in accordance with local law.

By: \_\_\_\_\_

By: \_\_\_\_\_