



APPLICATION FOR LEASE
(Individual)
PLEASE COMPLETE THOROUGHLY

Full Corporate if Applicant:
Current Address:
City State Zip Phone :()
Current Landlord or Management Co:
Contact Phone: ()
Description of Business:
Purpose of Lease:

Have you filed a Fictitious Business Name Statement? Yes / No
If yes, please attaché a copy. [] []

PERSONEAL INFORMATION

Current Home Address: City State Zip
Phone: hm. () / wk. () / fax: ()
How long at this address? / Rent [] or Own [] / Married [] Single [] Divorced []
Full Legal Name of Spouse:
Contact: Phone: ()
Your Drivers License #: Social Security #:
Spouse's Drivers License #: Social Security #:
Your Date of Birth: Spouses Date of Birth:
Previous Home Address: City State Zip
How long at this address:

BANK ACCOUNTS

(Indicate on each account if it is a checking or savings account)

Table with 6 columns: Name on Account, Name of Bank, Branch, City, State, Account #. Rows 1-5.

PERSONAL CREDIT REFERENCES

Table with 5 columns: Name of Creditor, Address, City, State, Phone #. Rows 1-5.



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LIABILITIES/LOANS

Name of Creditor Address City State Phone #
6.
7.
8.
9.
10.

REAL PROPERTY

Holders(s) of Title Address City County State
11.
12.
13.
14.
15.

In case of emergency notify: Phone: wk hm.
Address: City State Zip
Relationship to Personal Guarantor:

The undersigned Officer of the Corporation Applicant hereby declares that he is authorized to make the representations of fact contained in the foregoing application and that the representations are true and correct. Applicant understands that Lessor/Owner is relying on the truth of the facts contained in this application in determining whether to enter into a lease with Applicant. If any information herein contained is false, Applicant will be liable to Lessor/Owner for all damages arising therefrom. The lease made on the strength of this application may, at the option of the Lessor/owner, be terminated at any time, if Lessor/owner learns that any information herein contained is false. Applicant authorizes Lessor/Owner to verify the above statements, including, but not limited to, the use of credit information agencies.

Date Signature Title

Date Signature Title



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, 19 ____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name _____ Business Phone _____

Residence Address _____ Residence Phone _____

City, State, & Zip Code _____

Business Name of Applicant/Borrower _____

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hands & in Banks	\$	_____	Accounts Payable	\$	_____
Savings Accounts	\$	_____	Notes Payable to Banks and Others	\$	_____
IRA or Other Retirement Account	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable	\$	_____	Installment Account (Auto)	\$	_____
Life Insurance-Cash Surrender Value Only	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (Other)	\$	_____
Stocks and Bonds	\$	_____	Mo. Payments \$ _____		
(Describe in Section 3)			Loan on Life Insurance	\$	_____
Real Estate	\$	_____	Mortgages on Real Estate	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value	\$	_____	Unpaid Taxes	\$	_____
Other Personal Property	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities	\$	_____
Other Assets	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities	\$	_____
Total	\$	_____	Net Worth	\$	_____
			Total	\$	_____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3.					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503.