

AMERICA WEST PROPERTIES, INC

Application To Lease Cover Page:

Date: _____

Name:

Shopping Center:

City:

Sq.Ft. Desired: _____SF

Business Type: _____

To: Landlord or Property Owner

SECTION 1 – INDIVIDUAL INFORMATION (Type or Print)		SECTION 2- Spouse INFORMATION (Type or Print)	
Name		Name	
Residence Address		Residence Address	
City, State, Zip		City, State, Zip	
Position or Occupation		Position or Occupation	
Business Name		Business Name	
Business Address		Business Address	
City, State, Zip		City, State, Zip	
Res. Phone	Bus. Phone	Res. Phone	Bus. Phone

SECTION 3 – STATEMENT OF FINANCIAL CONDITION AS OF _____, 20__					
ASSETS (Do not include Assets of doubtful value)	In Dollars (Omit Cents)	Liabilities	In Dollars (Omit Cents)		
Cash on hand and in banks		Notes payable to banks – secured			
U.S. Gov't & Marketable Securities		Notes payable to banks – unsecured			
Non-marketable Securities – see Schedule B		Due to brokers			
Securities held by broker in margin accounts		Amounts payable to others – secured			
Restricted or control stocks		Amounts payable to others - unsecured			
Real Estate owned as personal residence See Schedule C (Current Total Market Value)		Accounts and bills due			
Real Estate owned for investment purposes See Schedule D (Total Market Value)		Unpaid income taxes and interest			
Loans receivable		Real estate owned as personal residence (Current Total Loan Amount Owed)			
Automobiles and other personal property		Real estate owned for investment purposes (Current Total Loan Amount Owed)			
Cash value life insurance – see Schedule E		Credit card/revolving debt			
Other assets – itemize		Other debts – itemized			
		TOTAL LIABILITIES			
TOTAL ASSETS		NET WORTH = ASSETS – LIABILITIES			
		TOTAL LIABILITIES & NET WORTH			

SOURCES OF INCOME FOR YEAR ENDED 20		PERSONAL INFORMATION
Salary, bonuses & commissions	\$	Do you have a will? <input type="checkbox"/> No <input type="checkbox"/> Yes if yes, name of executor
Dividends		
Net real estate income		Are you a partner or officer in any other venture? If so describe
Other income (Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)		Are you obligated to pay alimony child support or separate maintenance payments? If so, describe
		Are any assets pledged other than as described on schedules? If so, describe
TOTAL	\$	
CONTINGENT LIABILITIES		
Do you have any contingent liabilities? If so, describe		Income tax settled through (date)
		Are you a defendant in any suits or legal actions?
As endorser, co-maker or guarantor	\$	Personal bank accounts carried at
On leases or contracts	\$	
Legal claims	\$	
Other special debt	\$	
Amount of contested income tax liens	\$	Have you ever been declared bankrupt? If so, describe

SCHEDULE A – U.S. GOVERNMENTS AND MARKETABLE SECURITIES

Number of Shares of Face Value (Bonds)	Description	In Name Of	Are These Pledged?	Market Value

SCHEDULE B – NON-MARKETABLE SECURITIES

Number of Shares	Description	In Name Of	Are These Pledged?	Source of Value	Value

SCHEDULE C – REAL ESTATE OWNED: A PERSONAL RESIDENCE

Address & Type Of Property	Title In Name Of	% Of Ownership	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

SCHEDULE D – REAL ESTATE OWNED FOR INVESTMENT PURPOSES (see attached)**SCHEDULE E – LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE**

Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE F – BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED

Name & Address of Lender	Credit In The Name Of	Secured Or Unsecured	Original Date	High Credit	Current Balance

The information contained in this statement is provided for the purpose of leasing or acquiring property on behalf of the undersigned or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in a Landlord's or Property Owner's favor. Each undersigned understands that the Landlord or Property Owner is relying on the information provided herein (including the designation made as to ownership of property) in deciding to enter into a real estate contract. Each undersigned represents and warrants ***that the information provided is true and complete*** and that Landlord or Property Owner may consider this statement as continuing to be true and correct until a written notice of a change is given to Landlord or Property Owner by the undersigned. Landlord or Property Owner is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness including a credit check from a bureau of their choice.

Print Name (Individual) _____ Signature (Individual) _____

S.S. No. _____ Driver's License # _____ Date of Birth _____

Print Name (Individual) _____ Signature (Other Party) _____

S.S. No. _____ Driver's License # _____ Date of Birth _____

Date Signed _____ 20 _____

Business Information

Please complete the following and attach additional information regarding your related background and business plans as necessary.

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

How do you plan to generate business?

How many locations do you currently operate?	
Do you have expansion plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much do you estimate you will initially spend to build-out the Premises?	
How much do you estimate you will initially spend on inventory?	
What level of Annual Gross Sales/Receipts do you feel you need:	
To stay in business?	
To be satisfied in business?	
To be extremely pleased with business?	

Employment Information

Employer:	
Address of Employer:	
Business Phone:	
Number of Years with Employer:	
Title / Position:	
Name of Previous Employer:	
Number of Years:	

TENANT HISTORY

CENTER: _____

1. TENANT

Legal name of Tenant (including State of residence/incorporation) _____

Trade name of Tenant _____

Tax ID Number or Social Security Number of Tenant _____

Proprietor's Legal Name (including State of residence) _____

2. EXPERIENCE

Is this a first-time user? YES / NO

Other locations:

a. Where located? _____

b. How long at each location? _____

c. Size of each location? _____

d. Gross revenues? _____

How many years' experience? _____

Additional training/product knowledge _____

3. CAPITAL REQUIREMENTS

Build-Out _____

F F & E _____

Inventory _____

Working Capital _____

Other _____

TOTAL CAPITAL REQUIREMENTS _____

Cash Available _____

Loan _____

Landlord's Contribution _____

TOTAL SOURCES OF CASH _____

5. OTHER COMMENTS: _____

Date: _____

Prepared by: _____