

RETAIL TENANT APPLICATION FOR RENT REPAYMENT PLAN

Tenant Name: _____ Date: _____

Store Address: _____

In order to process your request for a rent repayment plan, please complete the following application and submit it along with the requested financial statements. Upon receipt of the entire completed package, your application will be reviewed and a response submitted to you within 30 days.

It is important to understand that any rental accommodation granted to you may require one or more of the following:

- Landlord's option to terminate the lease early.
- Personal guaranty.
- Change in term or other lease language provisions.
- Implementation of strategic plan to increase sales.
- Solution to physical problems (maintenance, HVAC, etc.), if applicable.
- Quarterly reporting of profit and loss.

I. REASON FOR REQUESTING RENT REPAYMENT PLAN

II. Please outline the current measures you have in place and the plan to relaunch your business at the end of the COVID-19 outbreak:

MERCHANDISING: _____

ADVERTISING: _____

OPERATIONS: _____

INCREASING SALES: _____

DECREASING EXPENSES: _____

III. IF YOU ARE A FRANCHISEE, WHAT IS THE FRANCHISOR WILLING TO DO TO HELP YOU?

IV. WHAT OTHER RESOURCES HAVE YOU CONSIDERED AND APPLIED FOR TO ALLEVIATE YOUR CURRENT SITUATION, I.E., SBA OR OTHER LOAN, ETC.?

V. PLEASE ATTACH THE FOLLOWING FINANCIAL STATEMENTS:
(Include current year to date, plus two (2) years of prior statements (2018 and 2019))

- Balance Sheet
- Income Statement (Profit and Loss)
- Cash Flow Statement
- Personal Financial Statements (see below) (not required for parent company leases)
- Copies of the last 3 months' bank statements supporting the cash on the company's Balance Sheet and Personal Financial Statement (if applicable)

Signature: _____

Date: _____

PERSONAL FINANCIAL STATEMENT

SECTION 1 – INDIVIDUAL INFORMATION (print or type)		SECTION 1 – OTHER PARTY INFORMATION (print or type)	
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			
ASSETS (Do not include Assets of doubtful value)	In Dollars (omit cents)	LIABILITIES	In Dollars (omit cents)
Cash on hand and in banks	0.00	Notes payable to banks-secured	0.00
U.S. Gov't & Marketable Securities – see Schedule A	0.00	Notes payable to banks-unsecured	0.00
Non-Marketable Securities – see Schedule B	0.00	Due to brokers	0.00
Securities held by brokers in margin accounts	0.00	Amounts payable to others-secured	0.00
Restricted or control stocks	0.00	Amounts payable to others-unsecured	0.00
Partial interest in Real Estate Equities – see Schedule C	0.00	Accounts and bills due	0.00
Real Estate Owned – see Schedule D	0.00	Other unpaid taxes and interest	0.00
Loans Receivable	0.00	Real Estate mortgages balances due – see Schedule D	0.00
Cash value-life insurance – see Schedule E	0.00	Other debts – itemize:	0.00
Other assets – itemize:	0.00		0.00
	0.00		0.00
	0.00		0.00
	0.00		0.00
TOTAL ASSETS:	0.00	TOTAL LIABILITIES	0.00
		TOTAL ASSETS & LIABILITIES	0.00

SOURCES ON INCOME FOR YEAR ENDED	PERSONAL INFORMATION
Annual Salary, bonuses & commissions	Do you have a will? If so, name of executor
Dividends 0.00	Are you a partner or officer in any other venture? If so, describe
Real Estate Income	Are you obligated to pay alimony, child support or separate maintenance payments? If so, describe.
Other income (alimony, child support, or separate maintenance income need not be revealed if you don not wish to have it considered as a basis for repaying this obligation) 0.00	Are any assets pledged other than as described on schedules? If so, describe.
CONTINGENT LIABILITIES	Income tax settled through
Do you have any contingent liabilities? If so describe.	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	Have you ever been declared bankrupt? If so, describe.
Legal Claims	
Other special debt 0.00	
Amount of contested income tax liens 0.00	

SCHEDULE A – U.S. GOVERNMENTS & MARKETABLE SECURITIES

Number of Shares or Fact 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 – PARTIAL INTERESTS IN REAL ESTATE EQUITIES

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

SCHEDULE D – REAL ESTATE OWNED

Address & Type of Property	Title in Name Of	Date Acquired	Cost	Market Value	Mortgage Maturity (years)	Mortgage Balance

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 and Address Of Lender	Credit In The Name Of	Secured Or Unsecured ?	Original Date	High Credit	Current Balance

The information in this statement is provided for the purpose of procuring a lease with you on behalf of the undersigned, person or persons in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in your favor. Each undersigned understand that you are relying on the information provided herein (including the designation made as to ownership or property) in deciding to execute a lease. Each undersigned represent and warrants that *the information provided is true and complete* and that you may consider this statement as continuing to be true and correct until a written notice of change is given to you by the undersigned. You are authorized to make all inquires you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness. You are authorized to answer questions about your credit experience with me/us.

Signature (individual) _____ **Signature (individual)** _____

SSN: _____ **SSN:** _____

Date of Birth _____ **Date of Birth** _____