**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 with 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.

1. REASON FOR REQUESTING RENT REPAYMENT PLAN
2. 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ADVERTSING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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OPERATIONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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INCREASING SALES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DECREASING EXPENSES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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1. WHAT OTHER RESOURCES HAVE YOU CONDIDERED AND APPLIED FOR TO ALLEVIATE YOUR CURRENT

SITUATION, I.E., SBA OR OTHER LOAN, ETC.?

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1. 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 Securitas – 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 |
|  | 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 executer |
| 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 |
|  |  |  |  |  |
|  |  |  |  |  |
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SCHEDULE B – NON-MARKETABLE SECURITIES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of Shares | Description | In Name of | Are These Pledged? | Source of Value | Value |
|  |  |  |  |  |  |
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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 |
|  |  |  |  |  |  |  |  |
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SCHEDULE D – REAL ESTATE OWNED

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Address & Type of Property | Title in Name Of | Date Acquired | Cost | Market Value | Mortgage Maturity (years) | Mortgage Balance |
|  |  |  |  |  |  |  |
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SCHEDULE E – LIFE INSURANCE CARRIED, INCLUDING N.S.L.I AND GROUP INSURANCE

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| --- | --- | --- | --- | --- | --- |
| Name of Insurance Company | Owner of Policy | Beneficiary | Face Amount | Policy Loans | Cash Surrender Value |
|  |  |  |  |  |  |
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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 |
|  |  |  |  |  |  |
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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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_