CATON
COMMERCIAL
REAL ESTATE GROUP

PROSPECTIVE LESSEE QUALIFICATIONS

Please Fill Out Immediately and Return to:

Caton Commercial Real Estate Group
16106 S. Route 59, Suite 100
Plainfield, IL 60586
Fax: 815-439-3370

This form does not obligate either party to the performance of a contract for leasehold property. It is purely for information and does not constitute an offer to lease or any negotiation for such a purpose.

Location you are interested in:_____
_____

Name:_____ Home Phone:_____
Residence Address: Business Phone:_____
_____ SSN:_____
_____

What kind of business do you propose to run?_____
_____

Present business or Profession:_____
Salary (annual)_____ Will this income continue?_____
Other income (annual)_____
May we contact your present employer? Yes_____ No_____
Shall we contact you first? Yes_____ No_____
Employer's name and address_____
_____
Phone Number_____

Business Experience –:

Describe fully the business operations and your roles; indicate dates:

_____
_____
_____
_____
_____

Other Work Experience:

Describe fully your current or past business operations and your roles; indicate dates:

_____
_____
_____
_____
_____

If you have other businesses, please provide pertinent operating statements for the last twenty-four months where possible.

Will you have a continuing role in these businesses? If so, what will that role be?

_____
_____
_____
_____
_____

How will you operate your new business at this property? Who will manage? How many employees will you need?

_____
_____
_____
_____
_____
_____

If your business is a corporation, partnership or joint venture, please describe its legal and financial structure.

_____
_____
_____
_____
_____
_____

Have you prepared a budget? If so, what are your projected earnings and expenses for your first three years at this location? Please prepare a three year business plan.

_____
_____
_____
_____
_____
_____

What improvements do you plan to make to the premises (fixtures, carpeting, etc.) and at what cost? How will improvements be financed?

_____
_____
_____
_____
_____
_____

Describe your anticipated start-up operating expenses at the new location and list amounts (include inventory, supplies, initial payroll costs, insurance, etc.)

_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____

How will you finance your start-up expenses?

_____

_____

Have you hired an architect or general contractor? If so, what are their names?

_____

_____

_____

Current Financial Statement(s)

I. **Personal: Where a partnership, joint venture or corporation is involved, the appropriate financial statement should be supplied.**

II. **If several businesses or individuals are involved, supply separate individual financial statements where possible.**

Bank managers and loan officers (include phone numbers)

_____

_____

Business Landlords (include phone numbers):

_____

_____

Suppliers (include address, phone number and account number):

_____

_____

_____

Please include a means of verification of all items on the attached financial statement: i.e. account number, tax bills and returns, inventories, etc.

References

Banks, savings and loans, and mortgage companies: state account number and sign for the referee to confirm the account to us.

_____

Name:_____ Account:_____

Bank:_____ Phone#_____

Address:_____

ADDITIONAL INFORMATION

Requested Square footage:_____

Parking Requirements:_____

Length of Lease Desired:_____

What is your timing for opening this business?:_____

Do you have a business plan?_____

Are you currently in business? If yes, please explain:_____
_____
_____
_____

Caton Commercial Real Estate Group has properties available throughout the Midwest. If you are looking for multiple locations or if your business has the potential for expansion, which areas would you like to receive more information on?_____
_____
_____
_____

Additional Comments:_____
_____
_____
_____
_____
_____

RETURN TO:
Agent Name:_____ **Fax# (815)436-5381**

AUTHORIZATION FOR RELEASE OF INFORMATION
(TO BE COMPLETED BY APPLICANT)
FAX BACK TO METROPOLITAN TENANT 847-993-0115

I,_____(applicant), in connection with this application, authorize all Corporations, Companies, Credit Agencies, Banks, Persons, Educational Institutions, Law Enforcement Agencies, Military Services and current and former employers to release information, including salary, they may have about me to _____(landlords name) for the property located at_____and their agents, and release them from any liability or responsibility for doing so; further, I authorize procurement of an investigative consumer report and understand that such a report may contain information about my background, character, and personal reputation and that further information may be made available upon written request within a reasonable period of time. I also understand that a criminal background check may be obtained relevant to this application. I understand this notice will also apply to any further update reports that may be requested.

_____
Print Full Name **Date of Birth**

_____
Current Address including City, State, & Zip Code

_____
Previous Address including City, State and Zip Code

_____ _____
Social Security Number **Signature**

Application Date:_____

Personal Financial Statement

Confidential

Date _____

Applicant

Name _____ Soc. Sec. # _____ Date of Birth _____

Residence: Street _____ City _____ State _____ Zip _____ Years There _____

Position/Occupation _____

Employer _____ Years There _____

Street _____ City _____ State _____ Zip _____

Telephone: Business (area code) ( ) _____ Residence (area code) ( ) _____

Date of Will _____ Executor _____ No. of Dependents _____

Co-Applicant

Name _____ Soc. Sec. # _____ Date of Birth _____

Residence: Street _____ City _____ State _____ Zip _____ Years There _____

Position/Occupation _____

Employer _____ Years There _____

Street _____ City _____ State _____ Zip _____

Telephone: Business (area code) ( ) _____ Residence (area code) ( ) _____

Date of Will _____ Executor _____ No. of Dependents _____

MARITAL STATUS

(Do not complete if this is an application for individual unsecured credit.)

APPLICANT ☐ Married ☐ Separated ☐ Unmarried (Including Single, Divorced or Widowed)

CO-APPLICANT ☐ Married ☐ Separated ☐ Unmarried (Including Single, Divorced or Widowed)

For the purpose of procuring and maintaining credit with you, (I) (we) submit this Personal Financial Statement as a true and complete statement of (my) (our) personal financial condition, and details relating thereto as of the _____ day of _____, 19____.

(I) (We) agree, if any material change occurs, to immediately notify you, and unless you are so notified you may continue to rely upon this statement. You are authorized to share any information in this application with any other institution which is your parent, subsidiary or affiliate. (I) (We) authorize you to make whatever credit inquiries you may deem necessary in connection with this credit application.

Date _____ Applicant _____

Co-Applicant _____

Schedule A: Cash and Short Term Investments (Including Certificates of Deposit, Commercial Paper, Money Market Funds, etc.)

Names of Institutions	Savings Accounts	Checking Accounts	Other Short-Term Investments	Owner (Applicant/Co-applicant/Joint)	Total
	$	$	$		$

Please enter total on Balance Sheet $_____

Schedule B: Stocks, Bonds, Government Securities

No. of Shares or Par Value of Bonds	Description	Restricted (R)	Pledged (P)	Owner (Applicant/ Co-applicant/ Joint)	L = Listed U = Unlisted	Cost	Market Value
						$	$

Please enter total on Balance Sheet $_____

Schedule C: Notes and Accounts Receivable

From Whom	Original Amount	Monthly Payments	Maturity Dates	Interest Rates	Description of Collateral (if any)	Pledged (P)	Balances Due
	$	$					$

Please enter total on Balance Sheet $_____

Schedule D: Insurance - Life (Group, Whole) and Disability

Do you have: Major Medical ☐ Property and Casualty ☐ Disabiltiy ☐

Group/Whole Life Amts.	Name of Companies	Beneficiaries	Owner	Policy Loans Outstd.	Gross Cash Value
				$	$

Please enter total on Balance Sheet $_____ $_____

Term Policies	Beneficiaries	Owner
Disability Policies:		

Schedule E: Real Estate Owned - Personal Use

Address of Property *and* Name of Mortgage Holder	Title in Name of	Date Purchased	Cost	Amt. Owed	Mortgage Maturity	Market Value
			$	$		$
Please enter totals on Balance Sheet				$		$

Schedule F: Vested Interest in Deferred Compensation/Profit-Sharing Plans/IRA's

Company Name	% Vested	Applicant /Co-Applicant	Manner of Payout (Annuity, Lump Sum, etc.)	Distribution Date	Beneficiary	Amount
						$
Please enter total on Balance Sheet						$

Schedule G: Unlisted Securities Owned

Description of Securities	Owner (Applicant/ Co-applicant/ Joint)	No. of Shares Owned	% Ownership	Pledged (P)	Book Value (As of Date)	Book Value Amount
						$
Please enter total on Balance Sheet						$

Schedule H: Real Estate Owned for Investment Purposes

A. Owner B. Purchase Date C. Cost	Address of Property (Indicate C if Under Contract, UC if Under Construction, or R if Rental Property)	Type of Property	% Owned	Present Market Value	Amount of Mortgage & Liens	Gross Rental Income	Mortgage Payments	Taxes, Ins. Maintenance and Misc.	Net Rental Income
A.	Address			$	$	$	$	$	$
B.									
C. $	Lender Lender's Address								
A.	Address			$	$	$	$	$	$
B.									
C. $	Lender Lender's Address								
A.	Address			$	$	$	$	$	$
B.									
C. $	Lender Lender's Address								
Please enter totals on Balance Sheet				$	$	$	$	$	$

Schedule I: General and / or Limited Partnership Interest

Name of Partnership	Type of Investment	Limited - L General - G	Amount Invested	Fair Market Value of Partnership Interest
			$	$

Please enter total on Balance Sheet $_____

Schedule J: Notes and Accounts Payable

To Whom	Original Amount and Start Date	Monthly Payment	Maturity Date	Interest Rate	Description of Collateral (if any)	Balance Owing
	$	$				$

Please enter total on Balance Sheet $_____

Additional Information: Unexercised Company Stock Options

Name of Company	Expiration Date	No. of Shares	Total Market Value (# of Shares x Mkt. Price)	Total Exercise Cost (# of Shares x Exercise Price)	Market Price (Total Mkt. Value - Exercise Cost)
			$	$	$

Do you have any CONTINGENT LIABILITIES (such as guarantor, endorser on notes, on leases, on contracts, or letters of credit)?
☐ Yes ☐ No. If yes, give details:

Have you included, above, any assets that are doubtful or uncollectible? ☐ Yes ☐ No. If yes, give details:

Are any of your assets pledged, loaned or hypothecated? ☐ Yes ☐ No. If yes, give details:

Are you currently involved in any lawsuits? ☐ Yes ☐ No. If yes, give details:

Do you have any unpaid tax liabilities (other than for accrued assets, taxes not yet payable)? ☐ Yes ☐ No. If yes, give details:

Have you been declared bankrupt in the last seven years? ☐ Yes ☐ No. If yes, give details:

BALANCE SHEET

(Please Complete Additional Schedules As Needed)

Assets	Applicant	Co-Applicant	Joint	Total
Cash and Short – Term Investments (Schedule A)	$	$	$	$
Stocks and Bonds (Readily Marketable) (Schedule B)				
Cash Value – Life Insurance (Schedule D)				
Other Liquid Assets				
Total Liquid Assets	$	$	$	$
Notes Receivable (Expected within 1 year) (Schedule C)				
Accounts Receivable (Expected within 1 year) (Schedule C)				
Real Estate Owned – Personal Use (Schedule E)				
Vested Profit-Sharing Benefits/Deferred Compensation (Schedule F)				
IRA/KEOGH Accounts				
Stocks and Bonds (Not Readily Marketable) (Schedule G)				
Business Interests (Equity):				
Real Estate Owned for Investment (Schedule H)				
General and/or Limited Partnership Interests (Schedule I)				
Personal Property				
Other Assets				
Total Assets	$	$	$	$

Liabilities	Applicant	Co-Applicant	Joint	Total
Notes Payable to Banks – Secured (Schedule J)	$	$	$	$
Notes Payable to Banks – Unsecured (Schedule J)				
Notes Payable to Others (Schedule J)				
Outstanding Credit Card Balances				
Other Accounts Payable (Schedule J)				
Amounts Owing to Brokers				
Taxes and Interest Payable (Unpaid but Accrued)				
Policy Loans (Life Insurance) (Schedule D)				
Mortgages and Obligations on Real Estate Owned (Schedule E)				
Mortgages and Obligations on Invest. Real Estate Owned (Schedule H)				
Other Liabilites				
Total Liabilities	$	$	$	$
Net Worth (Total Assets Minus Total Liabilites)	$	$	$	$

Income Statement

Annual Income	Previous Year		Expected Current Year	
	Applicant	Co-Applicant	Applicant	Co-Applicant
Salary	$	$	$	$
Self Employment				
Bonus and Commissions				
Interest				
Dividends				
Capital Gains				
Real Estate (NET)				
Trust Income				
Pension/Annuity Income				
Other Income*				
*Alimony, Separate Maintenance, Child Support, May, But Need Not Be, Included				
Totals	$	$	$	$

Fixed and Variable Expenses	Previous Year		Expected Current Year	
	Applicant	Co-Applicant	Applicant	Co-Applicant
Home Mortgage Expense (Principal and Interest)	$	$	$	$
Loan/Lease Payments (Excluding Home Mortgages)				
Property Taxes				
Income Taxes (Federal, State, Local)				
Other Taxes				
Insurance Expenses				
Alimony, Child Support/Maintenance				
General Living Expenses				
Other Expenses				
Totals	$	$	$	$

Is any income listed in this section likely to be reduced before the credit requested is repaid? ☐ Yes ☐ No. If yes, give details:

Are you either an Executive Officer, Director, or Principal Shareholder of a bank that has a correspondent banking relationship with us?

___ (yes) ___ (no). If your answer is 'yes', please tell us the name of this bank _____.