

TENANT APPLICATION

PLEASE REVIEW THIS DOCUMENT AND FILL OUT ALL SECTIONS IN THE APPLICATION.
THE APPLICATION MAY BE RETURNED TO THE SHOPPING CENTER LEASING REPRESENTATIVE.

APPLICANT INFORMATION

APPLICANT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SSN _____ DRIVER'S LICENSE _____ DATE OF BIRTH _____

E-MAIL _____

PRIMARY PHONE _____ SECONDARY PHONE _____

MARITAL STATUS SINGLE MARRIED DIVORCED SEPARATED

CURRENT EMPLOYER _____

EMPLOYER ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMPLOYER PHONE NUMBER _____

TITLE _____ YEARS EMPLOYED _____

HAVE YOU EVER DECLARED BANKRUPTCY? YES NO

IF YES, PLEASE EXPLAIN. _____

*IF YOU ARE MARRIED, PLEASE FILL OUT THE NEXT PORTION OF THE APPLICATION.

CO-APPLICANT/SPOUSE INFORMATION

APPLICANT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SSN _____ DRIVER'S LICENSE _____ DATE OF BIRTH _____

E-MAIL _____

PRIMARY PHONE _____ SECONDARY PHONE _____

CURRENT EMPLOYER _____

EMPLOYER ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMPLOYER PHONE NUMBER _____

TITLE _____ YEARS EMPLOYED _____

BUSINESS INFORMATION

SHOPPING CENTER OF INTEREST _____

CENTER LOCATION _____ SQUARE FOOTAGE NEEDED _____

DESCRIPTION OF YOUR BUSINESS _____

WHY DO YOU THINK THIS BUSINESS WOULD BE SUCCESSFUL AT THIS LOCATION? _____

BUSINESS INFORMATION

DESCRIPTION OF YOUR RELATED EXPERIENCE AND CAPABILITIES OPERATING THIS TYPE OF BUSINESS.

DO YOU OWN AN EXISTING BUSINESS? YES NO

NAME OF EXISTING BUSINESS _____

TYPE OF BUSINESS _____

ADDRESS _____

HOW MUCH MONEY WILL YOU NEED TO START THE BUSINESS? _____

HOW WILL THIS NEW BUSINESS BE FINANCED? _____

WHEN WILL THIS FINANCING BE AVAILABLE? _____

WHAT DO YOU PROJECT YOUR SALES TO BE IN THE FIRST YEAR? _____

HOW MANY EMPLOYEES WILL YOU HAVE? _____

HOW LONG DO YOU EXPECT IT TO TAKE YOU TO OPEN FOR BUSINESS? _____

SOURCE OF INCOME

PERSON ONE		PERSON TWO (CO-SIGNER/SPOUSE)	
Annual Salary	\$	Annual Salary	\$
Bonus and Commissions	\$	Bonus and Commissions	\$
Dividends and Interest	\$	Dividends and Interest	\$
Real Estate Income	\$	Real Estate Income	\$
Other Income	\$	Other Income	\$
Total Income	\$	Total Income	\$

Description of Other Income: _____

WILL THIS INCOME CONTINUE AFTER THE BUSINESS IS OPEN? YES NO

ASSETS AND LIABILITIES

ASSETS		LIABILITIES	
Cash in Hand	\$	Loans and Credit Card Balance (Schedule 4)	\$
Cash in Banks (Schedule 1)	\$	Total Mortgage Balance (Schedule 3)	\$
Stocks, Bonds - Market Value (Schedule 2)	\$		
Real Estate - Market Value (Schedule 3)	\$		
Automobiles - Number		Total Balance Due, Automobiles	\$
Other Assets		Other Liabilities	
Total Assets	\$	Total Liabilities	\$
Net Worth (Total Assets minus Total Liabilities)			\$

SCHEDULE 1 - CHECKING AND SAVINGS ACCOUNTS

NAME AND BRANCH LOCATION	ACCOUNT NUMBER	BALANCE	LOAN OFFICE AND PHONE NUMBER
		\$	
		\$	
		\$	
		\$	

SCHEDULE 2 - STOCKS AND BONDS

NO. OF SHARES	NAME OF SECURITY	REGISTERED IN NAME OF	PRESENT MARKET VALUE
			\$
			\$
			\$
			\$

SCHEDULE 3 - REAL ESTATE

ADDRESS OF PREMISES	DESCRIPTION	PRESENT MARKET VALUE	MORTGAGE BALANCE
		\$	\$
		\$	\$
		\$	\$
		\$	\$

SCHEDULE 4 - LOANS AND CREDIT CARD BALANCE

NAME	ACCOUNT NUMBER	BALANCE	MONTHLY PAYMENTS	LOAN OFFICE AND PHONE NUMBER
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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