

South Coast Management, LLC
 PO Box 724498
 Atlanta, Georgia 31139
 404-460-4511

LEASING APPLICATION

(EACH CO-APPLICANT MUST SUBMIT A SEPARATE APPLICATION UNLESS THE CO-APPLICANT IS A SPOUSE)

| LOCATION | | | | | |
|--|-------------------------|--------------------|-------------------------------|----------------------------|-----------------------------|
| Name of Center | Square Footage | | | Name of Leasing Agent | |
| APPLICANT INFORMATION | | | | | |
| _____ First Name | _____ M.I. | _____ Last Name | _____ Other Last Name Used | _____ Social Security # | |
| _____ Date of Birth | _____ Home # | | _____ Work # | | _____ Cell # |
| _____ Best Time to Call | _____ E-Mail Address | | | _____ Fax # | |
| SPOUSE INFORMATION | | | | | |
| _____ First Name | _____ M.I. | _____ Last Name | _____ Other Last Name Used | _____ Social Security # | _____ DOB |
| 5 YEAR RESIDENT HISTORY (must be consecutive) | | | | | |
| Current Address: _____ | | _____ | | Move-In Date _____ | |
| Street | City, State | | Zip | | |
| Previous Address: _____ | | _____ | | Move-In Date _____ | |
| Street | City, State | | Zip | | |
| Previous Address: _____ | | _____ | | Move-In Date _____ | |
| Street | City, State | | Zip | | |
| <p>If you have additional places of residency or own more than 1 home, please record the applicable information on the back of this application.</p> | | | | | |
| | | | | | _____ /_____ Initials |
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Is this business currently established? _____(Yes/No)

If business is already established, please complete the below using your current information. If business is going to be established, please complete using the information intended to be used to establish your business. Please disregard this page if you are leasing as an individual.

If leasing as an individual what Trade Name will be used? _____

COMPANY NAME: _____ Phone: _____
Business Address: _____
City, State, Zip: _____
E-mail address: _____ Years in Business: _____ Years at Current Location: _____
Size of Current Premises: _____ Current Rent: _____ Number of Employees: _____
Present Landlord: _____ Phone: _____
Proposed Use of Premises: _____
Will any Hazardous Materials be Stored or used on the Premises? Yes No If yes, please attach list (i.e. MSDS sheets)

TYPE OF BUSINESS ORGANIZATION: (Complete A, B or C) [Please attach Financial Information noted below.]

A. SOLE PROPRIETORSHIP:

1. Owner's Name: _____ Phone: _____
Residence Address: _____ Zip Code: _____
Do you Own or Rent ? For How Long? _____
Social Security No: _____ Driver's License No: _____

B. PARTNERSHIP:

1. Name: _____ Social Security No.: _____
Residence Address: _____ Phone: _____
2. Name: _____ Social Security No.: _____
Residence Address: _____ Phone: _____

By signing below, you hereby declare that the representation of facts contained in the foregoing application are considered part of the lease and are true and correct. If any information herein contained is false, the lease made on strength of this application may, at the option of Landlord, be terminated at any time. *By signing below, you authorize the Landlord to verify the above statements including, but not limited to, business and individual credit information, now or any time during the lease term.*

Signature: _____ Print Name: _____ Date: _____
Signature: _____ Print Name: _____ Date: _____

C. CORPORATION: Federal Tax ID: _____ Date Incorporated: _____ State of Incorp.: _____
 Parent Corp.: _____ Division/Subsidiary of: _____

CORPORATE OFFICERS:

1. Name: _____ Title: _____
Residence Address: _____ Phone: _____
2. Name: _____ Title: _____
Residence Address: _____ Phone: _____

By signing below, you hereby declare that you have been given authority by the Corporation listed above to represent the facts contained in the foregoing application, and that these facts are considered part of the lease and are true and correct. If any information herein contained is false, the lease made on strength of this application may, at the option of Landlord, be terminated at any time. *By signing below, you authorize the Landlord to verify the above statements including, but not limited to, business credit information, now or any time during the lease term.*

Signature: _____ Date: _____
Print Name: _____ Title: _____

PERSONAL FINANCIAL STATEMENT

(EACH CO-APPLICANT MUST SUBMIT A SEPARATE APPLICATION UNLESS THE CO-APPLICANT IS A SPOUSE)

PERSONAL FINANCIAL STATEMENT

Please read the following directions before completing this Personal Financial Statement. Check the applicable box(es):

1. Use of Individual Credit: Complete all sections, except Section 2, if you are applying for individual credit in your own name and are relying solely on your own income or assets for repayment or if this personal financial statement relates to your guaranty of the indebtedness of other person(s), firms(s), or corporation(s).

- OR**
2. Use of Joint Credit: Complete all sections, including Section 2, if:
 - A. you are applying for joint credit with another person. Please provide information about the joint applicant.
 - and/or*
 - B. you are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as basis for repayment of the credit requested. Please provide information about the person on whose alimony, support or maintenance payment or income or assets you are relying.
 - and/or*
 - C. this is a joint guaranty of the indebtedness of other person(s), firm(s) corporation(s). Please provide information about the joint guarantors.

3. Please initial each page where indicated.

**Section 1
INDIVIDUAL/APPLICANT INFORMATION**

**Section 2
SPOUSE INFORMATION**

Please print. Some duplicate information is needed as portions of the application are processed separately.

Full Name _____

Full Name _____

Full Current Residence Address (street, City, State, Zip Code)

Full Current Residence Address (street, City, State, Zip Code)

Position or Occupation

Position or Occupation

Business Name / Years in Business

Business Name / Years in Business

Full Business Address

Full Business Address

Home Number / Business Number / Fax Number

Home Number / Business Number / Fax Number

List all other businesses owned or have current interest in:

List all other businesses owned or have current interest in:

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PAGE 2 – PERSONAL FINANCIAL STATEMENT

| <u>ASSETS</u> | <u>Dollars</u> | <u>Jt*</u> | <u>LIABILITIES</u> | <u>Dollars</u> |
|--|----------------|--------------------------|---|----------------|
| Cash & Short-term investments (Schedule A) | \$ _____ | <input type="checkbox"/> | Outstanding Credit Card Balances | \$ _____ |
| Stocks & Bonds (readily marketable) (Schedule B) | \$ _____ | <input type="checkbox"/> | Taxes Payable | \$ _____ |
| Unlisted Securities (Schedule C) | \$ _____ | <input type="checkbox"/> | Policy Loan (life insurance) (Schedule D) | \$ _____ |
| Notes Receivable & Accounts Receivable | \$ _____ | <input type="checkbox"/> | Mortgages/Obligations Due (Schedules F & G) | \$ _____ |
| Cash Surrender Value-Life Insurance | \$ _____ | <input type="checkbox"/> | Notes & Accounts Payable (Schedule H) | \$ _____ |
| General/Ltd Partnership Interests (Schedule E) | \$ _____ | <input type="checkbox"/> | Other Liabilities {please list below): | |
| Retirement Accounts | \$ _____ | <input type="checkbox"/> | _____ | \$ _____ |
| Personal Property | \$ _____ | <input type="checkbox"/> | _____ | \$ _____ |
| Automobiles | \$ _____ | <input type="checkbox"/> | _____ | \$ _____ |
| Real Estate-Personal Residences (Schedule F) | \$ _____ | <input type="checkbox"/> | _____ | \$ _____ |
| Real Estate- Investments (Schedule G) | \$ _____ | <input type="checkbox"/> | _____ | \$ _____ |
| Real Estate Investments (Direct & Partnership Interests) | \$ _____ | <input type="checkbox"/> | _____ | \$ _____ |
| Other Assets (please list below): | | | _____ | \$ _____ |
| _____ | \$ _____ | <input type="checkbox"/> | _____ | \$ _____ |
| _____ | \$ _____ | <input type="checkbox"/> | _____ | \$ _____ |
| _____ | \$ _____ | <input type="checkbox"/> | _____ | \$ _____ |
| TOTAL ASSETS | \$ _____ | | TOTAL LIABILITIES | \$ _____ |
| NET WORTH (total assets minus total liability) | | | | |

SECTION 4 – INCOME STATEMENT

| <u>ANNUAL INCOME</u> | <u>Applicant</u> | <u>Spouse</u> | <u>ANNUAL EXPENSES</u> | <u>Applicant</u> | <u>Spouse</u> |
|---------------------------------------|------------------|---------------|---|------------------|---------------|
| Salary | \$ _____ | \$ _____ | Home Mortgage (P&I) | \$ _____ | \$ _____ |
| Bonus & Commissions | \$ _____ | \$ _____ | Loan Payments (including other R/E) | \$ _____ | \$ _____ |
| Interest & Dividends | \$ _____ | \$ _____ | Income Tax (State & Federal) | \$ _____ | \$ _____ |
| Alimony, Separate, Maintenance, Child | \$ _____ | \$ _____ | Planned or Required Investments/Partnership Contributions | \$ _____ | \$ _____ |
| Capital Gains | \$ _____ | \$ _____ | General Living Expenses | \$ _____ | \$ _____ |
| Real Estate Income | \$ _____ | \$ _____ | Other Expenses (list below): | \$ _____ | \$ _____ |
| Other Income (list below): | \$ _____ | \$ _____ | _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | _____ | \$ _____ | \$ _____ |
| GROSS INCOME | \$ _____ | | TOTAL LIABILITIES | \$ _____ | \$ _____ |

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SECTION 5 – CONTINGENT LIABILITIES (including brief description)

| | <u>Applicant</u> | <u>Spouse</u> |
|---|------------------|---------------|
| As endorser or guarantor on notes/leases/contracts: _____ | \$ _____ | \$ _____ |
| On Letter of Credit: _____ | \$ _____ | \$ _____ |
| Current or pending suits or other litigations: _____ | \$ _____ | \$ _____ |
| Other (Partnership, etc.) explain: _____ | \$ _____ | \$ _____ |

SCHEUDLE A: CASH & SHORT-TERM INVESTMENTS (certificate of deposit, commercial paper, money market funds, etc.)

| Name of Institution | Savings Accounts (\$ Amounts) | Checking (\$ Amounts) | Other Short-Term Investments (type and amount) | Total | Pledged? (Y/N) | Owner Code |
|---------------------|-------------------------------|-----------------------|--|-------|----------------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEUDLE B: STOCKS & BONDS (include U.S. Government and marketable securities)

| Number of Shares or Face Value (Bonds) | Description | Market Value | Margin? (Y/N) | Restricted? (Y/N) | Pledged? (Y/N) | Owner Code |
|--|-------------|--------------|---------------|-------------------|----------------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEUDLE C: UNLISTED SECURITIES

| Number of Shares | Description | Source of Value | Value | % of Co. Owned | Pledged? (Y/N) | Owner Code |
|------------------|-------------|-----------------|-------|----------------|----------------|------------|
| | | | | | | |
| | | | | | | |

SCHEUDLE D: LIFE INSURANCE CARRIED (include individual and group insurance)

| Insurance Company Name | Owner of Policy | Beneficiary | Face Value | Policy Loans | Cash Surrender Value | Assigned? (Y/N) |
|------------------------|-----------------|-------------|------------|--------------|----------------------|-----------------|
| | | | | | | |
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SCHEDULE E: GENERAL AND/OR LIMITED PARTNERSHIP INTEREST (please attach K-1)

| <u>Name of Partnership</u> | <u>Type of Investment</u> | <u>(L)imited (G)eneral</u> | <u>Amount Invested</u> | <u>Fair Market Value of Interest</u> | <u>Annual Contribution Required</u> | <u>Pledged (Y/N)</u> | <u>Owner Code</u> |
|----------------------------|---------------------------|----------------------------|------------------------|--------------------------------------|-------------------------------------|----------------------|-------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

SCHEDULE F: REAL ESTATE (personal residence)

| <u>Description/Address Of Property</u> | <u>Mortgage Holder</u> | <u>Maturity Date</u> | <u>Title in Name of</u> | <u>Purchase Date</u> | <u>Cost</u> | <u>Present Loan Balance</u> | <u>Monthly Payments</u> | <u>Market Value</u> |
|--|------------------------|----------------------|-------------------------|----------------------|-------------|-----------------------------|-------------------------|---------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

SCHEDULE G: REAL ESTATE INVESTMENTS

| <u>Description/Address Of Property</u> | <u>Mortgage Holder</u> | <u>Maturity Date</u> | <u>Title in Name of</u> | <u>Purchase Date</u> | <u>Purchase Date</u> | <u>Cost</u> | <u>Present Loan Balance</u> | <u>Market Value</u> | <u>Total Annual Rental Income</u> | <u>Monthly Loan Payments</u> |
|--|------------------------|----------------------|-------------------------|----------------------|----------------------|-------------|-----------------------------|---------------------|-----------------------------------|------------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

SCHEDULE H: NOTES & ACCOUNTS PAYABLE (also Include credit lines & other commitments even if unused)

| <u>Name of Creditor</u> | <u>Original Amount of Loan</u> | <u>Payment / Repayment Terms</u> | <u>Maturity Date</u> | <u>Interest Rate</u> | <u>Description of Collateral (if any)</u> | <u>Balance Owning</u> |
|-------------------------|--------------------------------|----------------------------------|----------------------|----------------------|---|-----------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

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PERSONAL INFORMATION

Do you have a will?

Yes No If yes, name of executor: _____ Number of Dependents: _____ Ages: _____

Are you a partner or officer in any venture other than described on schedules?

Yes No If yes, describe: _____

Are any assets pledged other than described on schedules?

Yes No If yes, describe: _____

Have you ever been declared bankrupt?

Yes No If yes, describe: _____

Are there any outstanding judgments against you?

Yes No

Do you have disability Insurance?

Yes No

Income tax settled through (date): _____

Alimony, Child Support/Maintenance Expense? _____

PERSONAL FINANCIAL STATEMENT AUTHORIZATION DISCLOSURE

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with the Landlord on behalf of the undersigned or person(s), firm(s) or corporation(s), in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in the Landlord's favor. Each undersigned understands that the Landlord is relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information is true and complete and that the Landlord may consider this statement as continuing to be true and correct until a written notice of change is given to the Landlord, by the undersigned. The Landlord and/or their agents are authorized to make all inquiries deemed necessary which will not be limited to the running of consumer reports business reports, and/or any and all references given or discovered to verify the accuracy of the statements made herein to determine the credit worthiness of the undersigned prior to the approval of the disapproval of this leasing application. Any false statement on the application will lead to rejection or your application or termination of your lease contract. Also, the Landlord is authorized to answer questions about any questions about your credit experience with the undersigned. I further understand that I will be required to submit an original letter from my bank(s) showing the average monthly balance. This letter must be signed by a bank officer.

Signature (Individual)

Printed Name

Social Security #

Date of Birth

Date

Signature (Individual)

Printed Name

Social Security #

Date of Birth

Date

Please complete and FORWARD TO YOUR BANK for account verification.

Name and address of bank or other lending institution:

Please verify the following account information for: _____
(Print Name or Account Name)

(Notice Address)

(City, State, Zip Code)

CUSTOMER AUTHORIZATION: _____
(Signature) (Date)

SOCIAL SECURITY / FEDERAL ID: _____

| (For Bank Use Only) | | | | | | |
|---------------------|--------------|-------------|----------------|-----------------|--------------------|-------------------------------|
| Type of Acct. | Acct. Number | High Credit | Date Opened | Current Balance | Avg. Daily Balance | Satisfactory / Unsatisfactory |
| _____ | # _____ | _____ | ____/____/____ | \$ _____ | \$ _____ | _____ |
| _____ | # _____ | _____ | ____/____/____ | \$ _____ | \$ _____ | _____ |

(For Bank Use Only)

Comments: _____

(Lender)

By: _____
(Signature)

Title: _____

Phone: _____

Please return to: