

Today's Date: _____

Swain Management

1111 Military Cutoff Road, Suite 251, Wilmington, NC 28405 Phone: (910) 256-2211

Fax: (910) 256-2171

Lease Application

Name of Shopping Center _____

Name: _____
(first) (middle/maiden) (last) (nickname)

Social Security No: _____ Birthdate: _____

Email address: _____

Employer: _____ Phone: _____

Spouse name: _____
(first) (middle/maiden) (last) (nickname)

Spouse employer: _____ Phone: _____

Spouse Social Security No. _____ Birthdate: _____

Name of your business: _____

If incorporated, what state? _____ Business phone: (____) _____

Federal tax ID no: _____ Number of employees: _____

Present business address: _____

Leased from: _____ How Long? _____

How long has business been in operation?: _____

Previous business names: _____

Business address for previous 5 years: _____

Has any previous landlord sued any applicant for rent or possession? _____

Home address: _____
(street address, city, state, zip)

How long at this address: _____ Phone: (____) _____ Fax: (____) _____

If less than 2 years, previous address: _____
(street address, city, state, zip)

Bank reference: _____

Bank branch: _____ Phone: (____) _____

Branch address: _____

Bank officer's name: _____

Savings account: _____ Checking account: _____

Credit references:

1. Company name: _____ Phone (____) _____
Address: _____

2. Company name: _____ Phone (____) _____
Address: _____

Current Financial Statement Attached

I certify that the above information is true and accurate to the best of my knowledge and I understand that it may be used to investigate my credit record.

Applicant's signature

Spouse's signature