

# **PROSPECTIVE LESSEE QUESTIONNAIRE AND REQUEST FOR FINANCIALS**

**Commercial Real Estate Services for the Southern San Joaquin Valley**

**Olivieri Commercial Group, Inc.  
9810 Brimhall Road, Bakersfield, CA 93312 • (661) 327.1200ph (661) 327.1221fx**

**Please complete IN FULL and submit to: Olivieri Commercial Group, Inc.  
 9810 Brimhall Road  
 Bakersfield, CA 93312  
 661.327.1200ph  
 661.327.1221fx**

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

**APPLICANT #1**

**APPLICANT #2**

Name_____	Name_____
Home Phone_____	Home Phone_____
Mobile_____	Mobile_____
Email_____	Email_____
Date of Birth_____ Marital Status_____	Date of Birth_____
Social Security No._____	Social Security No._____
Present Address_____	Present Address_____
City, State, Zip_____	City, State, Zip_____
No. of Years_____ Own_____ Rent_____	No. of Years_____ Own_____ Rent_____
(if less than 2 years at present address)	(if less than 2 years at present address)
Former Address_____	Former Address_____
City, State, Zip_____	City, State, Zip_____
Driver's License No. _____(attach copy)	Driver's License No. _____(attach copy)

**APPLICANT #1 - EMPLOYMENT INFORMATION**

**APPLICANT #2 - EMPLOYMENT INFORMATION**

Name of Employer_____	Name of Employer_____
Employer Address_____	Employer Address_____
City, State, Zip_____	City, State, Zip_____
Type of Business_____	Type of Business_____
Position or Title_____	Position or Title_____
Years Employed_____	Years Employed_____
Work Phone_____	Work Phone_____



Please provide a five-year projected income and expense statement for the proposed business.

REVENUES	Year 1	Year 2	Year 3
Gross Income	_____	_____	_____
(Per square foot of leased space)	_____	_____	_____
Cost of goods sold	_____	_____	_____
Gross Profit	_____	_____	_____
Expenses	_____	_____	_____
Accounting/Professional	_____	_____	_____
Advertising	_____	_____	_____
Equipment Lease	_____	_____	_____
Insurance	_____	_____	_____
Maintenance & Repair	_____	_____	_____
Payroll - Wages & Taxes	_____	_____	_____
Rent	_____	_____	_____
Taxes	_____	_____	_____
Utilities	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Expenses:	_____	_____	_____
Net Profit:	_____	_____	_____

Do you have any other comments or information which you feel the landlord should take into consideration in evaluating your proposed store or restaurant?

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Please attach a resume on your business experience.

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**ASSETS**

Cash in Banks – see schedule \$ \_\_\_\_\_  
U.S. Gov. Securities – see schedule \$ \_\_\_\_\_  
Listed Securities – see schedule \$ \_\_\_\_\_  
Unlisted Securities – see schedule \$ \_\_\_\_\_  
Accounts and Notes Receivable \$ \_\_\_\_\_  
    Due from relatives and friends \$ \_\_\_\_\_  
Accounts and Notes Receivable \$ \_\_\_\_\_  
    Due from others- good \$ \_\_\_\_\_  
Accounts and Notes Receivable \$ \_\_\_\_\_  
    Doubtful \$ \_\_\_\_\_  
Real Estate Owned – see schedule \$ \_\_\_\_\_  
Real Estate Mortgages Receivable \$ \_\_\_\_\_  
Automobiles \$ \_\_\_\_\_  
Other Personal Property \$ \_\_\_\_\_  
Other assets – Itemize \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL ASSETS** \$ \_\_\_\_\_

**LIABILITIES**

Notes Payable to Banks – Secured \$ \_\_\_\_\_  
Notes Payable to Banks – Unsecured \$ \_\_\_\_\_  
Notes Payable to Relatives \$ \_\_\_\_\_  
Notes Payable to others \$ \_\_\_\_\_  
Accounts and Bills due \$ \_\_\_\_\_  
Unpaid Income Tax \$ \_\_\_\_\_  
Other unpaid taxes and interest \$ \_\_\_\_\_  
Real Estate Mortgages  
Payable – see schedule \$ \_\_\_\_\_  
Chattel Mortgages and other  
Liens Payable \$ \_\_\_\_\_  
Other debts – itemize \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL LIABILITIES** \$ \_\_\_\_\_  
**NET WORTH** \$ \_\_\_\_\_  
**TOTAL LIABILITIES & NET WORTH** \$ \_\_\_\_\_

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**SOURCES OF INCOME**

Salary \$ \_\_\_\_\_  
Bonus and Commissions \$ \_\_\_\_\_  
Dividends \$ \_\_\_\_\_  
Real Estate Income \$ \_\_\_\_\_  
Other Income – Itemize \$ \_\_\_\_\_  
**TOTAL INCOME** \$ \_\_\_\_\_

**CONTINGENT LIABILITIES**

As endorser, co-maker or guarantor \$ \_\_\_\_\_  
On leases or contracts \$ \_\_\_\_\_  
Legal claims \$ \_\_\_\_\_  
Provisions for Federal Income Taxes \$ \_\_\_\_\_  
Other special debt \$ \_\_\_\_\_  
**TOTAL CONTINGENT LIABILITIES** \$ \_\_\_\_\_

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**GENERAL INFORMATION**

Are any assets pledged? – see schedule \_\_\_\_\_  
Are you a defendant in any suits or legal actions? \_\_\_\_\_  
Have you ever filed for bankruptcy? Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHEDULE OF U.S. GOVERNMENTS, STOCKS, and BONDS OWNED**

No. of shares or face value (bonds)	Description	In Name of	Market Value

**SCHEDULE OF REAL ESTATE MORTGAGES RECEIVABLE**

Description of Property Covered	Amount	In Name of	Maturity

**SCHEDULE OF REAL ESTATE OWNED**

Description of Property And Improvements	Date Acquired	Title in Name of	Cost	Market Value	Mortgage	
					Amount	Maturity

**SCHEDULE OF LIFE INSURANCE CARRIED, INCLUDING N.S. L. I. AND GROUP INSURANCE**

Amount	Name of Company	Beneficiary	Cash Surrender	Loans

**SCHEDULE OF ASSETS PLEDGED**

Description	Value	To Whom Pledged

**DEPOSITS WITH BANKS OR OTHER INSTITUTIONS**

Institution Name	Location	Account Type	Balance	Account Number

**GIVE NAMES OF BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED**

Institution Name	Location	Date	High Credit	Basis

**DECLARATION**

The undersigned declare that this information is true and correct to the best of their knowledge. Each of the undersigned hereby authorizes the Landlord and/or Owner, Olivieri Commercial Group, Inc. and its agents to review their credit history and to contact any and all references listed above (and any other sources deemed appropriate by management) for additional credit information.

The undersigned understand that additional information may be required which could include, but is not limited to , balance sheets and income statements, proformas, tax returns and business plans.

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_