

**COMMERCIAL LESSEE  
BACKGROUND INFORMATION AND FINANCIAL STATEMENT**

SUBMITTED TO: JSM  
505 SOUTH FIFTH STREET  
CHAMPAIGN, IL 61820  
(217)359-8058

**Section 1: Individual Information**

\_\_\_\_\_  
Last First % ownership of Company

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
SSN Driver's License No. DOB Phone

\_\_\_\_\_  
Email Address

**Section 2: Business Information**

\_\_\_\_\_  
Business Name Business Type\* Registration Number  
 L.L.C  Partnership  Sole Proprietorship

\*A separate financial statement form is required for businesses registered as a separate legal entity  
in addition to personal information for principal persons.\*

\_\_\_\_\_  
Detailed Description

\_\_\_\_\_  
Current Address City State Zip

\_\_\_\_\_  
Business Phone Fax Web Address Years in Business

*DO NOT FILL OUT REMAINDER IF EQUIVALENT FINANCIAL STATEMENTS ARE PROVIDED*

**Section 3: Financial Condition Statement**

\_\_\_\_\_  
Bank Name Address City State Zip

\_\_\_\_\_  
Account Number Type Account Number Type

**ASSETS:** *(Do not include assets of doubtful value)*

Cash on hand and in banks	\$
U.S. Government and marketable securities (schedule A)	\$
Non-marketable securities (schedule B)	\$
Securities held by broker in margin account stocks	\$
Restricted, control, or margin account stocks	\$
Real Estate (schedule C)	\$
Accounts, loans and notes receivable	\$
Automobiles	\$
Other personal property	\$
Cash surrender value - life insurance (schedule D)	\$
Other assets - itemize (schedule E)	\$
<b>Total Assets</b>	<b>\$ (A)</b>

**LIABILITIES:**

Notes payable to banks & others (schedule F)	\$
Due to brokers	\$
Amounts payable to others – secured	\$
Amounts payable to others – unsecured	\$
Accounts and bills due	\$
Unpaid income tax	\$
Other unpaid taxes and interest	\$
Real Estate mortgages payable (schedule C)	\$
Other debts	\$
<b>Total Liabilities</b>	\$ (B)
<b>Net Worth (A-B)</b>	\$ (C)
<b>Total Liabilities and Net Worth (B + C)</b>	\$

**ANNUAL INCOME:** (For year ended \_\_\_\_\_, 20\_\_\_\_)

Salary, bonuses and commissions	\$
Dividends and interest	\$
Real Estate income	\$
Other income	\$
<b>Total Income</b>	\$

**ANNUAL EXPENDITURES:**

Mortgage/rental payments	\$
Real Estate taxes and assessments	\$
Taxes; federal, state and local	\$
Insurance payments	\$
Other expenses	\$
<b>Total Expenditures</b>	\$

**CONTINGENT LIABILITIES:**

Contingent liabilities (as endorser, co-maker, or guarantor on <b>leases</b> )	\$
Contingent liabilities (as endorser, co-maker, or guarantor on <b>contracts</b> )	\$
Pending legal actions	\$
Other special debt or circumstances	\$
Contested income tax liens	\$
Other Liabilities (describe)	\$
<b>Total Contingent Liabilities</b>	\$

**SCHEDULE A – U.S. GOVERNMENT & MARKETABLE SECURITIES:**

No. of Shares of Face Value Bond	Description	In the Name of	Registered, pledged or held by others?	Market Value
				\$
				\$
				\$
				\$
				\$

**SCHEDULE B – NON-MARKETABLE SECURITIES**

No. of Shares	Description	In the Name of	Registered, pledged or held by others?	Source of Value	Market Value
					\$
					\$
					\$
					\$
					\$

**SCHEDULE C – RESIDENCES AND OTHER REAL ESTATE (USE ADDITIONAL SHEET IF NECESSARY):**

Address and Type of Property	Name on Title	Percent Ownership	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Amount	Mortgage Maturity
				\$	\$	\$	\$	
				\$	\$	\$	\$	
				\$	\$	\$	\$	
				\$	\$	\$	\$	
				\$	\$	\$	\$	

**SCHEDULE D – LIFE INSURANCE CARRIED INCLUDING GROUP INSURANCE**

Name of Insurance Company	Policy Owner	Beneficiary/Relationship	Face Amount	Policy Loans	Cash Surrender Value
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

**SCHEDULE E – BUSINESS VENTURES**

Name/Address of any business venture in which you are a principal or partner	Total Assets	Your % of Ownership	Your Asset Value <small>(listed in Section 3)</small>	Your Position/Title	Type of Business	Years in Business
	\$		\$			
	\$		\$			
	\$		\$			
	\$		\$			
	\$		\$			

**SCHEDULE F – LOANS OWING BANKS, BROKERS, FINANCE COMPANIES AND OTHERS (CREDIT CARDS, ETC)**

Name of Borrower	Name of Bank or Financial Inst.	Original Loan Amount	Present Balance	Monthly Payment	Date of Final Payment
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

**VERIFICATION**

By execution of this document, the undersigned verifies that the information provided on this document is true, correct, and complete to the best of his/her knowledge and understands that any misrepresentations or omissions made on this document can result in application rejection or lease termination, at the discretion of JSM and/or its subsidiaries. The undersigned further authorizes JSM and/or its subsidiaries to obtain a credit report, background check and motor vehicle report, and to contact any persons, financial institutions, and references to verify the information provided or collect additional information necessary for the consideration of this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant