

Attention: Chicagoland Commercial, Inc.

1240 West Northwest Highway

Palatine, IL 60067

Phone: 847-438-4300 Fax: 847-359-0100

Personal Lease Application and Financial Statement

					General I	nformation							
Property Address						Approx. Square Feet							
City						Length of Term							
Type of Business					Possession Date								
Name of Business													
Section 1 - Primary Individual Information						Section 2 - Secondary Ir	ndividual Information						
Name						Name							
Address						Address							
City		State		Zip		City		State		Zip			
S.S. Number			•			S.S. Number			•				
Position or Occupation						Position or Occupation							
Business Name						Business Name							
Business address						Business address							
City		State		Zip		City		State		Zip			
Length of Employment						Length of Employment							
Daytime Phone		Busines	s Phone			Daytime Phone		Business I	Phone				
Section 3 - Statement of	Financial Condition as of			20									
	Assets		А	mount	t		Liabilities			Ar	nount		
Cash on Hand					Notes payable to banks -								
Cash in other banks						Notes payable to other institutions - see schedule E							
U.S. Gov. Securities - Schedule A						Amounts payable to other							
Securities held by broker in margin accounts						Accounts and bills due							
Real Estate owned - Schedule B						Unpaid income tax							
Accounts, loans, and notes receivable						Real Estate mortgages pa							
Automobiles						Other debts (car payment	r debts (car payments, credit cards, etc.) itemize:						
Other personal property													
Cash surrender value-life insurance - Schedule D													
Other Assets: Schedule E (if applicable)													
Section 4 - Annual Income For year Ending 20				Annual Expenditures			Contingent Liabilities						
			Amount				Amount	Do you ha	ve any:	Yes	No	Estimated Amounts	
Salary, bonuses & commi	ssion			Morta	gages/rental pa	avments		Contingent					
						k assessments			lvement in pending				
Dividends and interest Real Estate Income					ance Payment			Other special debt or circumstances					
Other Income			Other Contract Payr		ments		Contested i	ntested income tax					
Total Income					ny, child supp					•			
Total income				Other Expenses									
								al Continge	Contingent Liabilities				

Number of Shares or Face Value of Bonds	Description				In Nar		registers, ple eld by others	dged,	Market Value		
	Sche	dule B	- Residences and		Estate Owned (Partia	lly or Wholly Owned		Manthle		Madaaa	
Address and Type of Property		Title in Name of		% of Ownership	Date Acquired	Cost	Market Value	Monthly Payment	Mortg Amo		
Schedule C - Life Insurance carried, including group insurance Name of Insurance Company Ownership of Policy Beneficiary and Relationship Face Amount Policy Loans Cash Surrender Va										Surrender Value	
Name of Insurance Company O		OWITE	Iship of Folicy	Deficition	and Relationship	r ace Amount	. Siloy Edulis		Guerra Gureria de Value		
			Schedule D - E	Bank and oth	er institutional relatio	onships					
Name and Address of Creditor			Original Loan/ Line Amount	Date of Loan	Maturity Date	Unsecured or Sec	ured (List C	collateral)	Amount Owed		
					,	Zanata Sanatarary Zamount Owed					
List name and address	of any business venture in	Total as	Scl ssets listed in Section		siness Ventures Your Position/Title in the	Total Assets of	Years in				
which you are a principal or partner			3	Ownership	business	Business	business Line of Busin			usiness	
	d in this statement is provide and understand that you ar										
represents warrants and o	certifies that the information p material adverse change (1	rovided l	herein is true, correct	and complete.	Each of the undersigned	agrees to notify you im-	nediately ir	writing of an	ychang	of name, address,	
undersigned to perform its	s (or their) obligations to oyu. Ake all inquireies you deem	In the a	abscence of such not	iceor a new and	d full written statement, th	is should be considered	as a contin	uing statemer	nt and s	ubstantially correct.	
	u to answer questions about					, and to determine the	credit-word	micss of the	unacis	gricu. Lacir of the	
By executing the following	ر, you are granting permission	n to Chic	agoland Commercia	I, Inc. to investi	gate the above information	n and perform a credit ir	nquiry to a i	major credit b	ureau.		
Date Signed			Signature of Primary	/							
Social Security Number											
			Date of Birth								
Signature of Secondary				lary							
Social Security				-							
Date of Birth											