

Shopping Center Name:

Leasing Representative:

Please complete all sections of this statement. Spaces left unfilled will be assumed to mean "no" or "None". It is suggested that you review the entire form before beginning to fill it out. If you need to attach additional sheets, please do so. Kindly attach a copy of all applicant(s) current driver's license and/or other valid photo identification.

SECTION A - BUSINESS INFORMATION

Please attach last 2 years and Year to Date Profit and Loss Statement and Balance Sheet along with Articles of Incorporation if applicable.

Business Name (DBA):

Legal Entity:

Federal Tax ID:

State of Formation: -

Form of Business:

Date Business Began:

Present Location of Business:

City: State - Zip:

Business Number: No. Of Years at This Location:

Lease Written Under (Name):

Landlord or Mortgage Holder:

Landlord or Mortgage Holder Phone Number: Est. Annual Lease Obligation:

SECTION B - APPLICANT INFORMATION

Applicant Name: E - Mail

Address 1:

City: State - Zip: Home Number:

SSN Date of Birth: Fax Number:

State Issued & Driver License #: Cell Number:

Name of Employer:

Employer Address:

City: State - Zip: Work Number:

Position or Title: Years Employed:

Co - Applicant/Spouse Name: E-Mail

Address 1: Business Number:

City: State - Zip: Home Number:

SSN Date of Birth: Fax Number:

State Issued & Driver License #: Cell Number:

Name of Employer:

Employer Address:

City: State - Zip: Work Number:

Position or Title: Years Employed:

Please answer the following questions:

Are you married? *If yes, please include spouse information above.

Have you or any firm in which you were a major owner ever declared bankruptcy?

Have you ever had a property foreclosed upon or made a settlement with creditors?

Have you ever had a judgment against you?

Are you a defendant in any suits or legal actions?

If you answered YES to any of the questions above, please explain:

SECTION C - BALANCE SHEET, SUPPORTING SCHEDULES AND INCOME STATEMENT

Please list only the portion of assets and liabilities that belong to you.

ASSETS	AMOUNT	LIABILITIES and NET WORTH	AMOUNT
Cash on hand & in Banks		Accounts Payable	
Savings Accounts		Notes Payable to Banks and Others (Section 2)	
IRA or Other Retirement Account		Installment Accounts (Auto)	
Cash Value of Life Insurance (Schedule 8)		Installment Account (Other)	
Stocks and bonds (Schedule 3)		Loan on Life Insurance	
Real Estate (Schedule 4)		Mortgages on Real Estate (Section 4)	
Automobile - Present Value		Unpaid Taxes (Section 6)	
Other Personal Property (Schedule 5)		Other Liabilities (Section 7)	
Other Assets (Schedule 5)			
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL		TOTAL	

SECTION 1 - SOURCES of INCOME & CONTINGENT LIABILITIES

SOURCE of INCOME	AMOUNT	CONTINGENT LIABILITIES	AMOUNT
Salary		As Endorser or Co-Maker	
Net Investment Income		Legal Claims & Judgments	
Real Estate Income		Provision for Federal Income Tax	
Other Income (Describe below)		Other Special Debt	

Description of Other Income:

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payment counted toward total income.

SECTION 2 - NOTES PAYABLE TO BANKS and OTHERS

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

*Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.

SECTION 3 - STOCKS and BONDS

Name of Securities	Number of Shares	Cost	Market Value Quotation/Exchange	Date of Quotation/ Exchange	Total Value

*Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.

SECTION 4 - REAL ESTATE OWNED

List each parcel separately.	Property A	Property B	Property C
Type of Property			
Address			
Date of Purchase			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

*Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.

SECTION 5 - OTHER PERSONAL PROPERTY and OTHER ASSETS

Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency.

[Empty text box for Section 5 details]

SECTION 6 - UNPAID TAXES

Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.

[Empty text box for Section 6 details]

SECTION 7 - OTHER LIABILITIES

Describe in detail.

[Empty text box for Section 7 details]

SECTION 8 - LIFE INSURANCE HELD

Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.

[Empty text box for Section 8 details]

I (we) authorize Brixmor Property Group and/or its agents to make inquiries and pull credit report(s) as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). The statements are made for the purpose of either entering into a Lease Agreement or guaranteeing a Lease Agreement. I understand that FALSE statements may result in the forfeiture of benefits and possible prosecution. The exchange of digital images of this Personal Financial statement, as executed, shall constitute good and sufficient delivery for all purposes under applicable law and such digital images may be utilized for the purpose of this Personal Financial Statement.

[Signature line for Date]

DATE

[Signature line for Date]

DATE

[Signature line for Applicant]

SIGNATURE OF APPLICANT

[Signature line for Co-applicant/Spouse]

SIGNATURE OF CO - APPLICANT/SPOUSE

(If you are requesting the financial accommodation jointly)