



CREDIT REPORTS AND VERIFICATION AUTHORIZATION

PROPERTY NAME: Tribeca At Camp Springs (Retail)

The Applicant, indicated below hereby authorizes Creekwood Property Corporation (on behalf of FST Tribeca LLC):

- (1) to obtain from any credit reporting agency such financial and credit reports as Creekwood Property Corporation considers appropriate including past and present mortgages;
- (2) to verify all property indebtedness with the creditors; and
- (3) for the purposes of verifying information as the Lender deems appropriate, to contact the management agent of the property, the resident manager, the independent accountants who may provide audited financial statements for the property, and all other persons or entities deemed necessary by Creekwood Property Corp, including utility companies, vendors, etc.
- (4) to run any and all verifications, including background check, credit history, etc.

In addition to the above, Creekwood Property Corp is hereby authorized to verify past and present employment earning records, bank accounts, stock holdings and any other asset balances that are deemed necessary to process this application.

It is understood that a photocopy of this form will also serve as authorization. The information the Lender obtains is only to be used in the processing of this application.

By: Tribeca At Camp Springs (Retail)

Full Name: _____

Address: _____

Social Security Number: _____

Driver's License Number/State: _____

Date of Birth: _____

Signature: _____ Date: _____

PERSONAL FINANCIAL STATEMENT

PLEASE TYPE OR PRINT LEGIBLY

TENANT NAME	BUSINESS PHONE MOBILE NUMBER FAX NUMBER
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NAME OF SPOUSE

RESIDENCE ADDRESS	RESIDENCE PHONE
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CITY, STATE, ZIP

BUSINESS NAME OF APPLICANT

ASSETS	LIABILITIES
CASH ON HAND.....\$ _____	ACCOUNTS PAYABLE.....\$ _____
SAVINGS ACCOUNTS.....\$ _____	NOTES PAYABLE\$ _____ (DESCRIBE IN SECTION 2)
IRA OR RETIREMENT ACCT.....\$ _____	INSTALLMENT ACCT.....\$ _____
LIFE INSURANCE\$ _____ (DESCRIBE IN SECTION 3)	LOAN ON LIFE INSURANCE.....\$ _____
STOCKS AND BONDS.....\$ _____ (DESCRIBE IN SECTION 4)	UNPAID TAXES.....\$ _____
REAL ESTATE.....\$ _____ (DESCRIBE IN SECTION 5)	MORTGAGES ON REAL ESTATE.....\$ _____ (DESCRIBE IN SECTION 5)
AUTOMOBILE.....\$ _____	INSTALLMENT ACCOUNT (AUTO).....\$ _____ MO. PAYMENT \$ _____
OTHER ASSETS\$ _____ (DESCRIBE IN SECTION 6)	OTHER LIABILITIES.....\$ _____ (DESCRIBE IN SECTION 7)

SECTION 1. SOURCE OF INCOME	CONTINGENT LIABILITIES
SALARY.....\$ _____	AS ENDORSER OR CO-SIGNER.....\$ _____
NET INVESTMENT INCOME.....\$ _____	LEGAL CLAIMS/JUDEGEMENTS.....\$ _____
REAL ESTATE INCOME.....\$ _____	FED. INCOME TAX PAYMENTS.....\$ _____
OTHER INCOME (DESCRIBE IN SECTION 8)\$ _____	OTHER SPECIAL DEBTS.....\$ _____

SECTION 2. NOTES PAYABLE (SIGN AND DATE ATTACHMENTS)				
NAME AND ADDRESS OF PAYEE	ORIG. BAL.	CURR. BAL.	PMT. AMT.	TYPE OF COLLATORAL, IF ANY

SECTION 3. LIFE INSURANCE HELD (COMPANY, FACE AMOUNT AND CASH VALUE)

SECTION 4. STOCKS AND BONDS (SIGN AND DATE ATTACHMENTS)

NAME OF SECURITIES COMPANY	TYPE OF ACCOUNT	MARKET VALUE

SECTION 5. REAL ESTATE OWNED. (LIST EACH PARCEL SEPARATELY; SIGN AND DATE ANY ATTACHEMENTS.)

	PROPERTY A	PROPERTY B	PROPERTY C
TYPE OF PROPERTY			
ADDRESS			
DATE PURCHASED			
PRESENT MARKET VALUE			
NAME & ADDRESS OF LENDER			
MORTGAGE BALANCE			
AMOUNT OF PMT/MONTH			
STATUS OF MORTGAGE (CURRENT, NON-CURRENT)			

SECTION 6. OTHER ASSETS (DESCRIBE IN DETAIL; SIGN AND DATE ATTACHMENTS)

SECTION 7. OTHER LIABILITIES (DESCRIBE IN DETAIL; SIGN AND DATE ATTACHMENTS)

SECTION 8. OTHER INCOME (DESCRIBE IN DETAIL; SIGN AND DATE ATTACHMENTS)

By signing below, you hereby declare that the representation of facts contained in the foregoing are considered part of the lease and are true and correct. If any information herein contained is false, the lease made on strength of this application may, at the option of FST Tribeca LLC (“Landlord/Agent”), be terminated at any time. *By signing below, you authorize the Landlord to verify the above statements including, but not limited to, business and individual credit information, now or any time during the lease term.*

SIGNATURE:	SOCIAL SECURITY NUMBER _____	DATE
	DRIVER’S LICENSE NUMBER _____	
SIGNATURE:	SOCIAL SECURITY NUMBER _____	DATE
	DRIVER’S LICENSE NUMBER _____	

*** IMPORTANT* PLEASE INCLUDE STATEMENTS VERIFYING ALL ASSETS AND LIABILITIES SUCH AS BANK STATEMENTS, W-2 (S), LINE OF CREDIT, ETC.**