

CHECKLIST FOR NEW TENANTS

I. Before the Assignment can be finalized.

- 1. Certificate of Insurance with Additional Insured Our fax: 510-548-3904
- 2. Increase of Deposit to two months current rent.
Current deposit to be transferred in Assignment: _____ Increase: _____
- 3. Account paid current.

II. Lease Term: Expires _____ and has _____ options.

III. Charges under the lease.

- 1. Taxes
- 2. Insurance
- 3. CAM
- 4. City Rental Tax
- 5. Refuse
- 6. Utilities in Premises
- 7. Rent Increase: is _____ per year: on _____ date

IV. Lessee Responsibilities

- 1. Maintenance of Premises
- 2. Disposal of Grease
- 3. Garbage - Hold if full; report missed pickup
- 4. Roof grease from fans
- 5. Roof penetrations
- 6. Hot water heater, plumbing and electrical
- 7. Cardboard
- 8. Plate glass
- 9. Title 24
- 10. Keys - Lock(s) change(d)

V. Business Community

- 1. Merchants Association
- 2. Street people and panhandlers
- 3. Seasonal nature of business located near the University
- 4. Use/Menu limitations: can affect ability to sell business

VI. The Assignment vs. the Sale

- 1. Be sure you are acquiring a place in good repair. Hire proper contractors to inspect premises - and hood/ansul: check last inspection - Title 24 Conditions, check with Building Department for code violations.
- 2. Signage standards - give copy
- 3. Food Safety. One person working in the restaurant must be certified. Classes available. See Public Health Department to review any violations.
- 4. Escrow: We are not a party to the transaction to sell the business and are not a part of the escrow. We must be paid rent and other charges directly during the escrow period.
- 5. Unpaid and/or annual expenses of Assignor become responsibility of Assignee:
Rent, Utilities, Property Tax, Insurance Bill, City Rental Tax, CAM Reconciliation
We do not prorate expenses for you.

VII. The lease

- 1. The Lease is a binding contract. Discuss, answer questions.

These items were discussed and reviewed with me.

LESSOR: _____

BY: _____ Title _____ Date _____

ASSIGNEE: _____ Date _____

_____ Date _____

ALSO PRESENT: _____ Date _____

PERSONAL FINANCIAL STATEMENT

NAME: _____ NAME: _____
Please Print Applicant's Name Please Print Spouse's Name

MARRIED PERSONS: The following statement represents: *(Check one)*

Only community property
 Only separate property.
 Both community and separate property.

FINANCIAL STATEMENT Please check if any assets listed below are held by trusts.

DATE OF STATEMENT _____	
PLEASE NOTE: LIST ALL AMOUNTS IN DOLLARS. OMIT CENTS. PLEASE ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED.	
ASSETS	AMOUNT
Cash in checking account: Bank:	
Cash in other accounts: Institution	
Institution	
Securities owned (Schedule 1)	
IRA/Keogh/Pension	
Notes Receivable (Secured and Unsecured)	
(Schedule 2)	
Cash surrender value of life insurance	
Real estate (Market Value) (Schedule 3)	
Other investments (e.g., Partnerships)	
Automobiles	
Personal property	
Other assets (detail)	
TOTAL ASSETS	

LIABILITIES	AMOUNT
Income taxes payable	
Other taxes payable	
Revolving Credit (Schedule 4)	
Installment contracts and notes payable	
(Schedule 5)	
Loans on Life Insurance	
Mortgages or liens on Real Estate (Schedule 3)	
Other Liabilities (detail)	
TOTAL LIABILITIES	
Assets minus Liabilities = NET WORTH	

ANNUAL INCOME

AMOUNT

Employment – Applicant:	
Employment – Spouse:	
Dividends/Bonds	
Interest	
Rental (Cash Flow, Schedule 3)	
Other (detail)	
Alimony, child support or separate maintenance*	
* Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered.	
TOTAL	

ANNUAL EXPENDITURES

AMOUNT

Property Tax/Assessments	
Income and other Taxes	
Mortgage Payments	
Other Contract Payments	
Rent	
Insurance	
Alimony, child sup./maint.	
Other (detail)	
TOTAL	

CONTINGENT LIABILITIES

AMOUNT

As Endorser	
As Guarantor	
On Damage Claims	
Letters of Credit	
Other (detail)	
___ Check here if "none"	
TOTAL	

GENERAL INFORMATION If married, these questions apply to both you and your spouse. Yes No

Are any assets pledged or debts secured except as shown?		
Have you ever had a repossession?		
Have you ever had a bankruptcy or had a judgment against you?		
Have you ever been a principal or guarantor of a company that declared bankruptcy?		
Are you a party to any claims or suits?		
Has there been an IRS audit in the past 3 years?		
If yes, has the audit been settled?		

HOW HELD CODE – In space provided, please indicate applicable abbreviation: A = Applicant; S = Spouse; J = Jointly with spouse; O = Jointly with other than spouse; ASP = Applicant’s separate property; SSP = Spouse’s separate property; T = Trust.

SCHEDULE 1 SECURITIES OWNED

HOW HELD	NO. SHARES OR BOND AMOUNT	DESCRIPTION	TITLE IN NAME OF	PLEGDED YES or NO	WHERE QUOTED	PRESENT MKT. VALUE
TOTAL						

SCHEDULE 1 NOTES RECEIVABLE – Secured and Unsecured

HOW HELD	NAME OF DEBTOR	COLLATERAL/TYPE PROPERTY	DATE OF NOTE	ANNUAL P & I PAYMENTS	DATE DUE	1 ST OR 2 ND LIEN	UNPAID BALANCE
TOTAL							

SCHEDULE 3 REAL ESTATE HOLDINGS – MORTGAGES OR LIENS

▼--- Indicate: SD = Single Dwelling; MD = Multiple Dwelling; C = Commercial

HOW HELD	PROPERTY ADDRESS	% OF OWNERSHIP	NAME & ADDRESS OF LENDERS	PRESENT LOAN BALANCE	DUE DATE
1			1 st		
			2 nd		
2			1 st		
			2 nd		
3			1 st		
			2 nd		
TOTAL					

Cost	Date of Purchase	Market Value as of: _____	Equity	Annual Rent Income ⁽¹⁾	Annual P & I ⁽²⁾ Payment	Annual Taxes & Insurance ⁽³⁾	All Other Operating Exp. Excl. Depre.	1 minus 2, 3, 4 = Cash Flow
1								
2								
3								
TOTAL								TOTAL

ADDENDUM TO FINANCIAL STATEMENT

Lessee/Assignee understands that the information contained in the attached financial statement is material to the decision of the property owner to consent to the Lease.

SIGNED: _____

SIGNED: _____

DATED: _____

SAMPLE

BUSINESS RESUME

POTENTIAL ASSIGNEE : Name (s)

EXPERIENCE IN THIS TYPE OF BUSINESS:

WHY DO YOU THINK YOU WILL BE SUCCESSFUL AT RUNNING THIS PARTICULAR BUSINESS?