



## CLIENT SEARCH CRITERIA

**HELM**  
CORPORATE REAL ESTATE STRATEGY

901 SOUTH MOPAC EXPY  
BUILDING 2 SUITE 350A  
AUSTIN, TEXAS 78746  
P: 512.963.9833  
CONLEY.COVERT@HELMCRE.COM

1. Corporation's Name:
  
2. Corporation's Website(s):
  
3. Corporation's Industry: (Technology, Biotech, Medical)
  
4. Number of Employees:
  - a. Number of employee's for this location from years 1-5? (Future growth plan)
  
5. Current Location(s) Address:
  
6. Are multiple cities/towns being considered for this relocation and/or expansion?
  - a. If so, please name all.
  - b. Why have you chosen your current location (Are you there to serve a particular client)?
  
7. Top 3 most important things this location will provide for you?  
(i.e. hiring, employee retention, department consolidation, client)
  
8. Desired Lease Term Duration (if applicable)
  - a. Flexibility? (If so please, give time frames and explain why)
  
9. Target Occupancy Timeframe: (Timeline of when you need to occupy the new space)



## CLIENT SEARCH CRITERIA

10. Target Budget (Fill in section that pertains to your requirement)
  - a. Monthly Gross Lease/Mortgage Payment Average
  
11. Real Estate Space Type(s) (i.e. Industrial, retail, flex office/industrial)
  
12. Square Feet Size Range
  
13. Geographic Parameters (Is there a side of town that is preferred and/or area to avoid and accessibility to area/highway)
  
14. Ideal Space Plan Layout (How do you want your office to look? How many conference rooms, offices, cubes, break rooms, storage)
  
15. Corporate Credit (Company's Credit Score)
  
16. Client Visits/ Visiting Traffic (How much parking for employees or guests)
  - b. Purchase Price
  - c. Development Cost
  
17. Appearance/Image/Signage (Is there an exterior look preferred and signage/visibility needed)
  
18. What should we know that has not been asked?
  - a. Additional Notes



## PERSONAL FINANCIAL STATEMENT EXAMPLE ATTACHED

### If in business for less than 3 years:

- Business Financials
- 3 years of Income Statements
- 3 years of Balance Sheets
- 3 years of Tax Returns

### If in business for less than 3 years:

- Business Financials (to date)
- Personal Financials
- Personal Financial Statement (attached)
- 3 years of Tax Returns
- Authorization for Credit Report Disclosure

### If in business for less than 1 year:

- Business Financials (to date/if applicable)
- Personal Financials
- Business Plan
- Equity Partners
- Burn Rate (if applicable)



## PERSONAL FINANCIAL STATEMENT

**U.S. SMALL BUSINESS ADMINISTRATION**

As of \_\_\_\_\_, 19 \_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

Business Name of Applicant/Borrower \_\_\_\_\_

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hands & in Banks .....	\$	_____	Accounts Payable .....	\$	_____
Savings Accounts .....	\$	_____	Notes Payable to Banks and Others .....	\$	_____
IRA or Other Retirement Account .....	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable .....	\$	_____	Installment Account (Auto) .....	\$	_____
Life Insurance-Cash Surrender Value Only .....	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (Other) .....	\$	_____
Stocks and Bonds .....	\$	_____	Mo. Payments \$ _____		
(Describe in Section 3)			Loan on Life Insurance .....	\$	_____
Real Estate .....	\$	_____	Mortgages on Real Estate .....	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value .....	\$	_____	Unpaid Taxes .....	\$	_____
Other Personal Property .....	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities .....	\$	_____
Other Assets .....	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities .....	\$	_____
<b>Total</b>	\$	_____	Net Worth .....	\$	_____
			<b>Total</b>	\$	_____

Section 1. Source of Income	Contingent Liabilities
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 in Section 1.

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

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

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

<b>Section 3.</b>					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

<b>Section 4.</b> (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5.** (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)

**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.)

**Section 7. Other Liabilities.** (Describe in detail.)

**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries 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). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**PLEASE NOTE:** The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503.



# AUTHORIZATION FOR CREDIT REPORT DISCLOSURE

I hereby authorize Landlord to obtain a consumer credit and/or investigative report on myself. I understand that such information may be derived in whole or in part from TRW, Equifax, Trans Union and/or CIC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver License Number

