



Pre-Qualification Application Franchise Opportunity

When completed, please save and return to
Jason Kapica @ 734-994-9323

Pre-Qualification Application

The filing of this application does not obligate the applicant to become a franchisee of Children's Orchard, Inc. Please complete this application in its entirety. If an item is not applicable, enter "N/A." Attach a separate sheet if more space is required to answer a question.

Personal Data – Applicant

Last Name: First: Middle:

Home Address:

City: State: Zip:

Home Phone: Fax Number: E-mail Address:

Social Security #: Date of Birth: Citizenship Status:

Marital Status: Graduated (Check all that apply): Last Degree Attained:
H.S. J.C. 4-yr. College Post Grad

Current Employment Status: Company Name: Type of Business:

Highest Position Held: Length of Employment: City & State of Company:

Personal Data – Spouse

Last Name: First: Middle:

Social Security #: Date of Birth: E-mail Address:

Education: Last Degree Attained: Citizenship Status:

Current Employment Status: Company Name: Type of Business:

Highest Position Held: Length of Employment: City & State of Company:

If you have a partner, other than your spouse, please list their names below. Each partner must complete and submit their own application.

Name: Address: Phone #:

Name: Address: Phone #:

Personal Financial Information

Applicant's Current Monthly Income:

Spouse's Current Monthly Income:

Monthly Income from Other Sources:

Describe "Other" Income:

Monthly Mortgage Payment

Are taxes included in your mortgage payment?
Yes No

How much do you budget monthly for living expenses?

Personal Net Worth Statement

Assets		Liabilities	
Cash – Savings, Checking, Money Market/CD Accounts:	\$	Real Estate Mortgages:	\$
Other Assets:	\$	Unsecured Loans:	\$
Real Estate Owned(Current market value):	\$	Secured Loans (auto, boat, etc.):	\$
		Other Debts (Include total credit card debt)	\$
		Taxes Due:	\$
		Total Liabilities:	\$
Total Assets:		Net Worth:	
\$		\$	
		(Assets minus Liabilities)	

Real Estate Detail

Please attach additional pages as necessary to provide complete responses to this section.

See attached pages

Property City/State	Property Type	Year Purchased	Current Market Value	% Ownership	Mortgage Balance	Monthly Payment	Monthly Rental Income
			\$		\$	\$	\$
			\$		\$	\$	\$
			\$		\$	\$	\$

Outside Income – Please describe any outside income you will be calling upon to cover your living expenses while you are developing your business.

Funding Statement – Please describe how you expect to fund the estimated start-up costs for your business (home equity, business loan, personal savings, etc.):

Other

Do you have previous or current franchise experience? If yes, please describe.

Have you ever owned your own business before? If yes, please describe.

Please describe your short-term business goals.

Please describe your long-term business goals.

Please describe any activities or responsibilities of which you are currently aware that could impact your ability to devote your full-time efforts to the development of your business during its first 24 months.

Have you ever filed for personal or business bankruptcy? No Yes (please describe with applicable dates):

Do you have any pending lawsuits or civil judgments against you? No Yes (please describe if yes):

Have you ever been convicted of a felony? No Yes (if yes, please describe with applicable dates):

Who will manage day-to-day operations of the franchise?

Please list the top three areas in which you would like to locate your business:

1.	2.	3.
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Additional Comments:

I understand and agree that information may be requested by Children's Orchard, Inc., or its agents on its behalf, from various federal, state, and other agencies, including public and private sources which maintain records related to my credit history.

I hereby authorize, without reservation, Children's Orchard, Inc. to contact credit bureaus to supply any information concerning my credit history and to furnish the above listed information. I believe to the best of my knowledge that all the information I have provided to Children's Orchard, Inc. is accurate, true, and correct and that I fully understand the terms of this release.

Applicant Signature

Date

*Spouse Signature

Date

*Spouse must sign if assets are held jointly