

H Mart Tenant Application

Please fill out this form, save and send it back to email tenantinfo@hmart.com then we will contact you shortly.

Applicant Information

Applicant's Name 성명	First Name 이름	Last Name 성	Sex 성별	Male 남 <input type="checkbox"/> Female 여 <input type="checkbox"/>
Social Security No. 사회보장번호		Driver License No. 운전면허번호	DOB 생년월일	Mon Day Yr
Applicant home Address 자택주소	Street City State Zip			
Home Phone# 자택전화		Cell phone# 핸드폰	E-mail 이메일	
Business Phone# 직장전화		Fax# 팩스	Web 웹사이트	
Co-Applicant's Name 성명	First Name 이름	Last Name 성	Sex 성별	Male 남 <input type="checkbox"/> Female 여 <input type="checkbox"/>
Social Security No. 사회보장번호		Driver License No. 운전면허번호	DOB 생년월일	Mon Day Yr
Applicant home Address 자택주소	Street City State Zip			
Home Phone# 자택전화		Cell phone# 핸드폰	E-mail 이메일	
Business Phone# 직장전화		Fax# 팩스	Web 웹사이트	

Business/Personal Credit References

1. Business Name 사업체명		Phone# 전화		Fax# 팩스	
Business Address 사업체주소	Street City State Zip				
2. Business Name 사업체명		Phone# 전화		Fax# 팩스	
Business Address 사업체주소	Street City State Zip				
3. Business Name 사업체명		Phone# 전화		Fax# 팩스	
Business Address 사업체주소	Street City State Zip				
4. Business Name 사업체명		Phone# 전화		Fax# 팩스	
Business Address 사업체주소	Street City State Zip				

Personal Guarantors (if necessary)

Name 성명		Social Security# 사회보장번호		Phone# 전화	
Address 주소	Street City State Zip				

Business / Employer Information

Business Name 사업체명		Business Type 업종		Year Business Incorporated 설립년도	
Federal Tax ID# 납세번호		State of Incorporation 법인등록주		List any co-business owner or Partner 동업자 성명	
Business Address 사업체주소	Street		City	State	Zip
Name of Landlord 건물주성명		Business Phone# 전화		Fax# 팩스	
Landlord Address 건물주주소	Street		City	State	Zip
Business Name (Previous) 전사업체명		Business Type 업종		Business Year 사업년도	
Employer Name 직장명		Business Type 업종		Dept. 담당부서	Position 직위
Business Address 사업체주소	Street		City	State	Zip
Employer Phone# 직장전화		Fax# 팩스		E-mail 이메일	

Business Plan

Type of Business 선정사업	1 ST CHOICE	2 ND CHOICE	3 RD CHOICE
Business Name 상호명			
Business Plan 사업계획서 (본인의 계획을 간략하게 설명하여 주십시오.)			

* Please attach your own business plan with application 본인의 사업계획서를 첨부하시기 바람.

Financial Information

Applicant's Name 성명	First Name 이름	Last Name 성	DOB 생년월일	Mon	Day	Yr	
Current Home Address 현재택주소	Street		City		State		Zip
Years in Present Address 거주기간	Yr	Mon	Residence Type 주거지형태	Ownership 소유권	Value (If you owned)	Rent (If you rent)	
			House <input type="checkbox"/> Co-Op <input type="checkbox"/>	Condo <input type="checkbox"/> Others <input type="checkbox"/>	Own <input type="checkbox"/> Rent <input type="checkbox"/>	\$	PITI
Previous Home Address 전자택주소	Street		City		State		Zip
Co-Applicant's Name 성명 (If necessary)	First Name 이름	Last Name 성	Sex 성별	Male 남 <input type="checkbox"/> Female 여 <input type="checkbox"/>			
Current Home Address 현재택주소	Street		City		State		Zip
Years in Present Address 거주기간	Yr	Mon	Residence Type 주거지형태	Ownership 소유권	Value (If you owned)	Rent (If you rent)	
			House <input type="checkbox"/> Co-Op <input type="checkbox"/>	Condo <input type="checkbox"/> Others <input type="checkbox"/>	Own <input type="checkbox"/> Rent <input type="checkbox"/>	\$	PITI
Previous Home Address 전자택주소	Street		City		State		Zip
Gross Annual Income 연간총수입			Applicant			Co-Applicant (If necessary)	
Base Salary 기본급			\$			\$	
Over Time 초과수당			\$			\$	
Bonuses 성과급			\$			\$	
Commissions 수수료			\$			\$	
Dividends 배당금			\$			\$	
Net Rental Income 순임대수익금			\$			\$	
Retirement / Disability 연금			\$			\$	
Others 기타			\$			\$	
Others 기타			\$			\$	
Total 총수입			\$			\$	
Self-Employed 자영업			YES () NO ()			YES () NO ()	
Assets Information (Applicant)							
Bank Name 은행명	Checking Account# 당좌계좌	Balance 잔고		Attn. 담당자 성명		Phone#	
		\$					
Bank Name 은행명	Saving Account# 저축예금계좌	Balance 잔고		Attn. 담당자 성명		Phone#	
		\$					
Credit Union 신용조합	Attn. 담당자성명	Phone#	Stocks 주식	Bonds 채권	Cash Value of Life Insurance 생명보험		
\$			\$	\$	\$		
Present Residence (If owned)	Mkt. Value 평가액		Mtge. Balance 유지금		Lender 대출자		
	\$		\$				
Other Assets (Specify)							

Assets Information (Co-Applicant)

Bank Name 은행명	Checking Account# 당좌계좌	Balance 잔고 \$	Attn. 담당자 성명	Phone#	
Bank Name 은행명	Saving Account# 저축예금계좌	Balance 잔고 \$	Attn. 담당자 성명	Phone#	
credit Union 신용조합 \$	Attn. 담당자성명	Phone#	Stocks 주식 \$	Bonds 채권 \$	Cash Value of Life Insurance 생명보험 \$
Present Residence (If owned)	Mkt. Value 평가액 \$	Mtge. Balance 융자금 \$	Lender 대출자		
Other Assets (Specify)					

Liabilities Information 재무

(List outstanding obligations including auto loans, mortgage payments, credit cards, personal loans and other loans.)

Types 종류	Creditors Name 채권자	Unpaid Balance 채부금액	Monthly Payment 월납입금
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Additional Monthly Obligations 기타 매월번제액

Alimony \$	Child Support \$	Child Care \$	Others \$
Others \$	Others \$	Others \$	Others \$
Are there any outstanding Judgments, Lawsuits or Pending Litigations? YES () NO () (If yes, explain the details or you may explain other concerns here):			Amount \$

The Applicant(s) acknowledges attached business plan was prepared with the best of their knowledge and all of the above information is current and complete. The final plan for remodeling must be submitted in writing and is subject to the approval of the Management, Licensor, or Licensor's agent. Any modification to the remodeling plan must be submitted in writing within reasonable time to the Management for final approval. The Management, Licensor or Licensor's agent assumes no liabilities whatsoever in connection with Applicant's remodeling/up-grading or conducting business in the premises.

Applicant's Signature 서명

Signature by the Applicant	Print Name	Date
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Business Plan