PENTAGON PROPERTIES, INC.

Checklist of items needed to process an application

Completed application		
Employment Verification Fo	rm - Sign ONLY	
Rental History Verification F	orm – Sign ONLY	
PLEASE BRING THES	E ITEMS	
1. Application	Fee \$75 for one applicar	nt and \$25 for each other applicant
2. \$200 pet d	eposit – Per pet	
3. 2 years of	ax returns with W2s	
4. 2 full month	ns of bank statements	
5. 4 weeks of	pay stubs	
6. Picture ID		
7. Criminal R	eport <u>If applicable</u>	
8. Proof of Ch	nild support	
9. Proof of Al	mony	
10. Other		
Estimated processing rental verification pro		lepending on employment and
Your credit report by: www./	AnnualCreditReport.com (ur	nless your credit score is 700
My credit score is abouthigher credit score than me.	. As such, about% of	f the population of the U.S. has a
		g my credit score, and will review my every 6 months, until my credit score
_		
	Signature	Date

Pentagon Properties, Inc.

APPLICATION – LOT RENTAL & MOBILE HOME RENTAL or LEASE-OPTION

Co-applicants must complete a separate rental application.

The information provided to us is entirely confidential and our institution does not share information with third party. We take the security of your information seriously and take steps to keep your information secure.

Date of Application:	How did you hear about us?			
	This section to k	be completed by man	agement.	
1st Choice	2 nd Choic	e <u> </u>	3 rd Choice	
Stk # Lot #	Stk #	Lot #	Stk #	Lot #
Move-in Date:		L/P Term: _		
Initial Payment: \$		Monthly Pay	/ment: \$	
APPLICANT INFORMA	ATION			
Full Name:	(Last)	,(First)		(DOB)
Home Phone:		,		
Driver's License #:		St	ate:	
Social Security #				
Highest education				
Spouse Name:				
	(Last)	(First)		(DOB
Home Phone:		_ Work / Cell Phone:		
Driver's License #:		St	ate:	
Social Security #		_ Spouse email: _		
Circle the following	•••			
Single	Married	Divorced	Separated	
Highest education				

ADDITIONAL OCCUPANTS

Name	Age	Relation ship	Name	Age	Relation ship

RESIDENTIAL HISTORY

Have you or your co	-applicant ever li	ved in any	of our pro	perties? Ye	s No
When?	Where?			_	
Current Address:					
	Street #		and	name	
(City)		(8	tate)		(Zip)
Occupied: From		to			_
Landlord:			_ Monthly	Payment: \$_	
Landlord's Phone:					
Reason for Moving:					
Do you have a lease?					
Previous Address: _					
	Street # and name				
	(City)		(State)		(Zip)
Occupied: From					
Landlord:					
Landlord's Phone:		Landle	ord's FAX:		
Reason for Moving:					

EMPLOYMENT HISTORY

Current Employer:		
Employer's Phone:		oloyer's FAX:
Dates Employed:	to Salary:	\$ per
Previous Employer:		
Employer's Phone:	Emp	oloyer's FAX:
Position:	Supervisor:	
Dates Employed:	to Salary	y: \$ per
Spouse's Employer:		
Employer's Phone:	Emp	oloyer's FAX:
Position:	Supervisor:	
Dates Employed:	_ to Salary:	\$ per \$ \$
Dates Employed:	_ to Salary: ne:	\$
Dates Employed: All Other Sources of Incon	_ to Salary: ne:	\$
Dates Employed: All Other Sources of Incon BANK & CREDIT REFEREN Bank Name:	_ to Salary:	\$\$ \$
Dates Employed: All Other Sources of Incon BANK & CREDIT REFEREN Bank Name: City/State:	to Salary:	\$\$ \$\$ Phone:
Dates Employed: All Other Sources of Incon BANK & CREDIT REFEREN Bank Name: City/State: Checking Account #:	toSalary:	\$\$ Phone: FAX:
Dates Employed: All Other Sources of Incon BANK & CREDIT REFEREN Bank Name: City/State: Checking Account #: Credit Card Company:	toSalary:	\$\$ \$\$ Phone: FAX:
Dates Employed: All Other Sources of Incom BANK & CREDIT REFERENCE Bank Name: City/State: Checking Account #: Credit Card Company: Account #:	toSalary:	\$\$ Phone: FAX: Account #
Dates Employed: All Other Sources of Incom BANK & CREDIT REFERENT Bank Name: City/State: Checking Account #: Credit Card Company: Account #: Monthly Payment:	toSalary:	\$\$ Phone: FAX: s Account # Phone: FAX:
Dates Employed: All Other Sources of Incom BANK & CREDIT REFERENCE Bank Name: City/State: Checking Account #: Account #: Monthly Payment: Credit Card Company: Credit Card Company:	toSalary:	\$\$\$Phone:FAX:Phone:Phone:FAX:Balance Owed:

Account #	Monthly	Balance	Phone	FAX
	Payment	Owed		
	Account #	7.0000	, 1000	

\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

VEHICLE INFORMATION (including motorcycles, trailers, RVs, boats)

Make	Model	Year	Own / Lease	Lic. Plate # / State

PERSONAL REF	EDENCES					
Personal Refere	nce Name:					
Home Phone:		Cell/Work:	Re	elationship:		
Personal Refere	nce Name:					
Home Phone:		Cell/Work:	Re	elationship:		
EMERGENCY C	ONTACTS					
Emergency Con	tact Name:					
Home Phone:		Cell/Work:	Re	elationship:		
Emergency Con	tact Name:					
Home Phone:		Cell/Work:	R	elationship:		
MISCELLANEO	<u>US</u>					
Number and Typ	e of Pets: _					
Have you ever:	Been evicte Been 2 or r	ankruptcy in the ed from a rental more months la icted of a felony	residence? te on rental p		□ Yes □ Yes □ Yes □ Yes	

Explain any "Yes" responses:
AUTHORIZATION
This application must be signed by the applicant before consideration by the Landlord / Manager and is subject to the Landlord's approval.
hereby certify that all statements made in this application are true and correct to the best of my mowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration. I authorize the Landlord / Manager to contact all references given in this application and to conduct a credit review, including obtaining my credit report from any authorized credit reporting agency.
agree to pay a \$50 non-refundable Application Fee. understand that if my application is approved the total application fee of \$50 will be applied oward my initial payment.
Applicant's Signature: Date:
Applicant's Printed Name:
Spouse's Signature: Date:
Spouse's Printed Name:
ANDLORD / MANAGER USE ONLY
Credit Report fee \$ (not refundable), received on
Anager Notes:

Boyd Roane, Inc. / Pentagon Properties, Inc P O Box 20256, Atlanta, GA 30325 404-355-5978 - 404-355-8443

EMPLOYMENT VERIFICATION FORM

Employer information	Credit Applicat	<u>nt</u>
Name:	Name:	
Address:	Address	
Fax:	Social Security #	(last 4 digits)
We are processing a credit application for the him/her that he/she is employed by you, or was that the information supplied by you will be have thank you,	as formerly employed by you. P	
You are hereby authorized to release to Bo	oyd Roane, Inc. /Pentagon Pro	operties, Inc. the information requeste
Credit applicant	Date	
TO BE FILLED O Please Fax this completed form to	UT BY EMPLOYER (ONLY
Present Position:	Dates of employmen	t:
Current base pay:	() Hourly ()	Weekly () Monthly
How many hours a week:	Overtime pay:	Bonus:
Annual Income:	Probability of continued emplo	yment:
Additional comments:		
Employer signature	Date	

Boyd Roane, Inc./Pentagon Properties, Inc. P.O. Box 20256, Atlanta, GA 30325

Ph. 404-355-5978 Fax 404-355-8443 angela@roane.com

RENTAL HISTORY VERIFICATION FORM

Landlord information	Credit Applicant
Name:	Name
Address:	Address:
Fax #	
him/her that you are/were his/her landlord at the information supplied by you will be held in	oane, Inc. the information requested below.
Credit applicant	Date
Please Fax this completed form to: Fa	
Tenant has rented from:	to
Amount of Rent:	per
Lease expiration date:	
Amount Currently Past Due:	
Number of late payments in the last 12 months	s:
Has the resident complied with all community	policies?
Would you rent to this tenant again?	
Any damage to the unit?	
Landlord	Date

PPI Property			
	Before		
	Purchasing Home From PPI	After Purchasing Home From PPI	Comments
Monthly Income			
Person 1 - primary income			
Person 1 - secondary income			
Person 2 - primary income			
Person 2 - secondary income			
Other income			
Total Income	\$0	\$0	
Monthly Expenses			
House or Apartment Rent			
Lot Rent			
Lease-Option Payment		***************************************	
Home Insurance			
Home Property Tax			
Home Maintenance			
Utilities:			
Electricity			
Gas			
Water			
Cable TV			
Telephone			
Food			
Entertainment/Dining Out	-		
Personal Care			
Clothing			
Education			
Automobile			
Gas			
Maintenance			
Insurance			
Medical	***************************************	-	
Pets		-	
Gifts			
Charitable Contributions			
Misc./Contingency			
Other			
Other			
Other	-		***************************************
Savings	-	***************************************	
Total Expenses	\$0	\$0	

Household Budget of _____