

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? _____



Facebook



Instagram



Google



TikTok



MHVillage

Who do you talk with: Rhonda _____ Luz Marina _____ Patti _____

This section to be completed by management.

1st Choice

2nd Choice

3rd Choice

Stk # _____ Lot # _____ Stk # _____ Lot # _____ Stk # _____ Lot # _____

Move-in Date: _____

L/P Term: _____

Initial Payment: \$ _____

Monthly Payment: \$ _____

APPLICANT INFORMATION

Full Name: _____, _____ (Last) (First) (DOB)

Home Phone: _____ Work / Cell Phone: _____

Driver's License #: _____ State: _____

Social Security # _____ Applicant email: _____

Highest education _____

Spouse Name: _____, _____ (Last) (First) (DOB)

Home Phone: _____ Work / Cell Phone: _____

Driver's License #: _____ State: _____

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 lived in any of our properties? Yes ____ No ____

When? _____ Where? _____

Current Address: _____

Street # and name

(City) (State) (Zip)

Occupied: From _____ to _____

Landlord: _____ Monthly Payment: \$ _____

Landlord's Phone: _____ Landlord's FAX: _____

Reason for Moving: _____

Do you have a lease? _____ From when _____ To when _____

Previous Address: _____

Street # and name

(City) (State) (Zip)

Occupied: From _____ to _____

Revised 9/1/16

Landlord: _____ Monthly Payment: \$ _____
Landlord's Phone: _____ Landlord's FAX: _____
Reason for Moving: _____

EMPLOYMENT HISTORY

Current Employer: _____
Employer's Phone: _____ Employer's FAX: _____
Position: _____ Supervisor: _____
Dates Employed: _____ to _____ Salary: \$ _____ per _____

Previous Employer: _____
Employer's Phone: _____ Employer's FAX: _____
Position: _____ Supervisor: _____
Dates Employed: _____ to _____ Salary: \$ _____ per _____

Spouse's Employer: _____
Employer's Phone: _____ Employer's FAX: _____
Position: _____ Supervisor: _____
Dates Employed: _____ to _____ Salary: \$ _____ per _____

All Other Sources of Income: _____ \$ _____
_____ \$ _____

BANK & CREDIT REFERENCES

Bank Name: _____ Phone: _____
City/State: _____ FAX: _____
Checking Account #: _____ Savings Account #: _____

Credit Card Company: _____ Phone: _____
Account #: _____ FAX: _____
Monthly Payment: _____ Balance Owed: _____

Credit Card Company: _____ Phone: _____
Account #: _____ FAX: _____
Monthly Payment: _____ Balance Owed: _____

MONTHLY EXPENSES (include car, student, and personal loans, credit card payments, utilities, insurance of all types, child support, alimony, and any other monthly obligations.)

Payment to:	Account #	Monthly Payment	Balance Owed	Phone	FAX
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

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

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

PERSONAL REFERENCES

Personal Reference Name: _____

Home Phone: _____ Cell/Work: _____ Relationship: _____

Personal Reference Name: _____

Home Phone: _____ Cell/Work: _____ Relationship: _____

EMERGENCY CONTACTS

Emergency Contact Name: _____

Home Phone: _____ Cell/Work: _____ Relationship: _____

Emergency Contact Name: _____

Home Phone: _____ Cell/Work: _____ Relationship: _____

MISCELLANEOUS

Number and Type of Pets: _____

Have you ever:	Filed for bankruptcy in the past seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Been evicted from a rental residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Been 2 or more months late on rental payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge 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.

I agree to pay a \$50 non-refundable Application Fee.

I understand that if my application is approved the total application fee of \$50 will be applied toward my initial payment.

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____

Spouse's Signature: _____ Date: _____

Spouse's Printed Name: _____

LANDLORD / MANAGER USE ONLY

Credit Report fee \$ _____ (not refundable), received on _____

Manager Notes: _____

Household Budget of _____

PPI Property _____ Lot/MH _____ Date _____

	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	_____	_____	
Monthly Expenses			
House or Apartment Rent	_____	_____	_____
Lot Rent	_____	_____	<u>Lot rent will increase</u>
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	_____	_____	
Cash Left Over	_____	_____	

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

Name: _____

Address: _____

Fax # _____

Credit Applicant

Name _____

Address: _____

Account # _____

We are processing a credit application for the above referenced party and have been informed by him/her that you are/were his/her landlord at their current/former address. Please be assured that the information supplied by you will be held in confidence by us.

You are authorized to release to Boyd Roane, Inc. the information requested below.

Credit applicant _____

Date _____

(Signature)

TO BE FILLED OUT BY LANDLORD ONLY

Please Fax this completed form to: Fax # 404-355-8443 as soon as possible

Tenant has rented from: _____ to _____

Amount of Rent: _____ per _____

Amount Currently Past Due: _____

Number of late payments in the last 12 months: _____

Has the resident complied with all community policies? _____

Would you rent to this tenant again? _____

Any damage to the unit? _____

Landlord _____

Date _____

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

EMPLOYMENT VERIFICATION FORM

Employer information

Name: _____

Address: _____

Fax: _____

Credit Applicant

Name: _____

Address _____

Social Security # _____ (last 4 digits)

We are processing a credit application for the above referenced party and have been informed by him/her that he/she is employed by you, or was formerly employed by you. Please be assured that the information supplied by you will be held in confidence by us.

Thank you,

You are hereby authorized to release to Boyd Roane, Inc. /Pentagon Properties, Inc. the information requested

Credit applicant

Date

TO BE FILLED OUT BY EMPLOYER ONLY

Please Fax this completed form to: Fax # 404-355-8443 as soon as possible.

Present Position: _____ **Dates of employment:** _____

Current base pay: _____ **() Hourly** **() Weekly** **() Monthly**

How many hours a week: _____ **Overtime pay:** _____ **Bonus:** _____

Annual Income: _____ **Probability of continued employment:** _____

Previous Position: _____ **Employed from:** _____ **to** _____

Reason for leaving: _____

Employer signature _____ **Date** _____