## PMB, LLC

7180 NW 21st Street Ocala, Florida 34482 cell: 352-895-1416

fax: 352-873-3144

info@crystalsandsmanagement.com

## **RENTAL APPLICATION**

For Unit #locat	ed at: Harveys Shopping Plaza,202 South Main St, Swainsboro, GA
	, this person should fill out sections I-V, VII, IX and X below blication and attach it to this document.
I. PERSONAL & CONTAC	CT INFORMATION
Applicant Name	Home Phone ( )
Date of Birth	Social Security #
Email Address	Other Phone ( )
Co-Applicant Name (if applicable	)
Driver's License Information	
Your Driver's License Number	State
Vehicle Information:	
Make / Model	Year License Plate State
II. RESIDENTIAL RENTAI	_ HISTORY
Current Address	Apt# City
State Zip Code	Month/Year Moved In
Rent Payment per month \$	Mortgage Payment per month \$
If you rent, please provide landlo	rd's name Phone ( )

## III. BUSINESS LEASE HISTORY

Current Address	Unit#	City
State Zip Code Month	/Year Moved In	
Rent Payment per Month \$	Date Current Lease End	ds
Managing Agent/Owner's Name	Phone ( ) _	
<ul> <li>If you are currently renting business business to the new shopping plaza</li> <li>(Please "X" one) One Location at Harve</li> </ul>	? Or, will this plaza be an	additional location?
(Fiedde A Gile) one Education at Harve	// / / / / / / / / / / / / / / / / / /	
Prior Address	Unit#	City
State Zip Code Month	/Year Moved In	
Rent Payment per Month \$	Date Lease Ended	
Managing Agent/Owner's Name	Phone ( ) _	
<ul><li>V. CREDIT HISTORY</li><li>Have you declared bankruptcy in</li></ul>	the past seven (7) years	s?
Have you ever been evicted?		
Have you had two or more late re	ental or mortgage payme	ents in the past year?
Have you ever willfully or intention	onally refused to pay rent	when due?
V. CURRENT INCOME		
What is your Current Annual Income	??\$	
What is/are your Source(s) of Incom	e?	
What is your family's total annual inc	come?	

Will your family be directly involved in your business?	
Will you need to pay for some or all of the family's expenses while you are getting you	our
business started?	
VI. YOUR BUSINESS PLAN	
Is this a New Business?	
What product or service will you offer?	
Who will be your customers?	
Where are your customers located?	
How will you reach your customers?	<u> </u>
Cost of setting up for business? \$	
What equipment do you need?	
What will equipment cost? \$	
What layout change for the store do you plan?	
What will layout change cost? \$	
What interior decorating changes do you plan?	
What will interior decorating changes cost? \$	
How long will it take to get your business open?	

What kind of inventory wil	What kind of inventory will you need?			
What will the inventory co	st? \$			
What will the store signage cost? \$				
		•	ment/Inventory/signage/utility	
	-		income and expenses at the end	
VII. BANKING AND FINA  > Attach account statem  Banking Accounts:			r) to show you have enough funds.	
Name	Account Type		Acct #	
			Acct #	
VIII. EMPLOYMENT INFO	RMATION			
Your StatusFull Time		_		
			_ Phone ( )	
Salary \$	per			
Past Employment:				
Your StatusFull Time Employer		_		

Dates Employed		employed as
Employer/Superv	visor Name	Phone ( )
Salary \$	per	
Plassa List Ru	sinesses Owned Now or In	the Past:
riease List Du	Siliesses Owlied Now Of III	tile Fast.
IX. ADDITION	IAL INFORMATION	
experience or ad	ditional sources of financial supp	help us evaluate this application (ex: unique skills, port)?
The above infor	rmation, to the best of my kno	wledge, is true and correct.
Please Sign:		
r icase oign	Name of Applicant	Date
X. AUTHORIZ	ZATION	
Release of Info	ormation	
		t, tenant history, banking and employment for the this owner/manager at the above plaza.
Name (please p	orint)	
Signature		Date
APPLICANT: PL	EASE DO NOT WRITE BELOV	(FOR OFFICE USE ONLY)
Deposit of \$	Received by _	
Date	OFFICE NOTES:	