RENTAL APPLICATION

Application Valid for 30 Days



All adult applicants (18 years or older) must complete a separate application for rental \$40.00 per applicant INTENDED ADDRESS RENT AMOUNT MOVE IN DATE APPLICANT INFORMATION SSN DRIVER'S LICENSE # FIRST NAME LAST NAME EMAIL BIRTH DATE CELL PHONE HOME PHONE WORK PHONE **CURRENT ADDRESS** STREET ADDRESS CITY STATE ZIP DATE IN DATE OUT LANDLORD NAME LANDLORD PHONE REASON FOR LEAVING LANDLORD FAX MONTHLY RENT **ALTERNATE MAILING ADDRESS** STREET ADDRESS CITY STATE ZIP **PREVIOUS ADDRESS** STREET ADDRESS CITY ZIP STATE DATE IN DATE OUT LANDLORD NAME LANDLORD PHONE MONTHLY RENT REASON FOR LEAVING OTHER OCCUPANTS FULL NAME RELATIONSHIP BIRTH DATE AGE SSN IF OVER 18 **PETS** PET NAME BREED SIZE/WEIGHT AGE CURRENT VACCINES

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EMERGENCY CONTACT				1			
NAME	ADDRESS	CITY	ZIP	PHONE		RELATIONSHIP	
				()			
NAME	ADDRESS	CITY	ZIP	PHONE		RELATIONSHIP	
				()			
PERSONAL REFERENCES			1.70				
NAME	ADDRESS	CITY	ZIP	PHONE		RELATIONSHIP	
				()			
NAME	ADDRESS	CITY	ZIP	PHONE		RELATIONSHIP	
				()			
EMPLOYMENT & INCOME IN	NFORMAT	ION - LAST 2 YEA	RS				
OCCUPATION		EMPLOYER/COMPANY			MONTHLY SAI	LARY	
SUPERVISOR NAME		SUPERVISOR PHONE	START DATE		END DATE		
		()					
OCCUPATION		EMPLOYER/COMPANY			MONTHLY SALARY		
SUPERVISOR NAME		SUPERVISOR PHONE START DATE			END DATE		
OCCUPATION		EMPLOYER/COMPANY			MONTHLY SALARY		
SUPERVISOR NAME		SUPERVISOR PHONE START DATE			END DATE		
		()					
OTHER INCOME							
	A 100 STATE OF THE	AMOUNT	HOW OFTEN F	RECEIVED		TOTAL AMOUNT	
OVERTIME PAY							
COMMISSION/TIPS/BONUSES							
UNEMPLOYMENT							
SSI/RETIREMENT FUNDS/PENSIONS							
TANF PAYMENTS							
ALIMONY/CHILD SUPPORT							
FOOD STAMPS							
STUDENT LOAN							
SAVINGS							
OTHER							

RENTAL APPLICATION





BACKGROUND	INFORMA	TION					FOUNT HOUSING	
HAVE YOU EVER:	FILED FO	FILED FOR BANKRUPTCY				IF YES, WHEN?		
		YES		NO				
	REFUSED	TO PAY RENT			IF YES, EXPLAIN			
	DEEN EV	YES		NO LEET OWING MON	JEV2	LE VEC DEOVIDE DEODEDTVA	AME & ADDDECC	
	DEEN EVI	BEEN EVICTED FROM A TENANCY OR LEFT OWING MO			NEY? IF YES, PROVIDE PROPERTY NAME & ADDRESS			
BEEN		CONVICTED OF A CRIME?		110	IF YES. PR	OVIDE TYPE OF OFFENSE, COUNTY,	AND STATE	
		YES		NO				
VEHICLE INFO	RMATION							
MAKE & MODEL		COLOR		YEAR		LICENSE NO. & STATE		
MAKE & MODEL		COLOR		YEAR		LICENSE NO. & STATE		
						()		
MAKE & MODEL		COLOR		VEAR		LICENSE NO. & STATE		
INIANE & MODEL		COLOR		TEAR		LICENSE NO. & STATE		
OTHER INFOR	MATION							
HOW DID YOU HEAR A	and the same and t							
PLEASE INCLUDE ANY	OTHER INFORMA	ATION THAT WO	ULD HELP US	S EVALUATE THIS	APPLICATION			
CONSENT TO	VEDIEICAT	IONICBED	UT CHEC	V				
CONSENT TO	VERIFICAL	ION/CREL	III CHEC	'n				
Lucarront to the b	and of my len	الم معاممانية	of the info	mastice escui	مصالحات أمما	application is true assurate	commiste and	
·	•	_		· ·		application is true, accurate, a determined to be false, suc		
			-	•	-			
ment will be groui	nus ior uisap	provar or my	аррисацс	on or terminati	on of my L	ease agreement with owner.		
Lundarstand and	ograe: this i	s an annliaa	tion to ron	t and door no	t augranto	a that I will be afforced the are	porty and	
	-				-	e that I will be offered the pro		
						ne property and using their so		
	•	•				financial and rental history in		
						l also authorize the Landlord,		
Agent to obtain a	credit report	for the purp	ose of inco	ome and asse	et verification	on related to my application for	residency.	
APPLICANT SIGNAT	URE					DATE		

Application fee is \$40.00 per person (application required for all occupants over the age of 18)

Please include one month's paystubs for income verification or benefits letter

Completed application can be faxed to 575-652-4766 or emailed to office@pmiofnewmexico.com

Property Management and Investments of New Mexico

205 W. Boutz Road Bldg. 6 Ste. B Las Cruces. NM 88005 Phone (575) 652-4043 Fax (575) 652-4766

Employment Verification

Employee Name:						
Date Requested:						
Company Name:						
Dear: Employer, We have received a Rental Application for the individual listed above, who has identified you as his/her employer. We would like to ask for your cooperation by verifying his/her employment.						
Please answer the questions below and return to us as soon as possible.						
I give permission to my employer to release the following information to the above property.						
Applicant Signature:						
The individual listed above is employed:						
Currently No Longer Future Never						
Date of Hire: Job Title:						
Full-time Part-time Temporary						
Typical number of hours worked per week:						
Salary: \$ Hourly Bi-weekly Bonus/Commission						
Supervisor Name: Phone:						

Please fax your reply to 575-652-4766 or email to office@pmiofnewmexico.com, thank you.

Rental Verification

The individual below has submitted a rental of New Mexico.	application to Property Ma	anagemer	nt & Inve	estments
Please provide the information requested and amanda@pmiofnewmexico.com.	fax back to our office at	575-652-	4766 or	email to
Name of Applicant (please print)				
I hereby authorize release of the information	requested below for my ren	ntal addre	ess at:	
Street	City	State		Zip
X				
Applicant's Signature	Date	_		
Please note if the applicant is acurrent res	sident or a past residen	t at your	commun	ity.
Move-In Date:	Lease Ending Date:			
Amount of Rent:				
# of Late Payments:	# of NSF Checks:			
Has proper notice been given?			YES	NO
Is there currently any past due amount owed o	on the resident's account?		YES	NO
Has the resident complied with all community policies?				NO
Does this resident keep an animal on the premises?				NO
Has the animal at any time caused a problem	or been a nuisance?		YES	NO
Have legal proceedings been initiated or comp	oleted on this resident?		YES	NO
Is the resident eligible for re-rental?			YES	NO
Was all or part of the deposit refunded?			YES	NO
Did rental amount include utilities?			YES	NO

Did you receive complaints from neighbors/staff/maintenance about resident? YE			
If yes, give the nature of compliant:			
Has the applicant ever been responsible for any propert	y damage to rental and/or comme	on areas?	
	YES	NO	
If yes, give a description of damages and if resident pair	d for or repaired damage caused:		
Date			
Name (Print) Po	sition		
Signature Pr	operty Name	-	

Thank you for your prompt response!