



9911 SOUTHERN AVE SE SUITE E ALBUQUERQUE, NM 87123 505.553.2640

STANDARDS FOR RENTAL APPLICATION

The following are standards that will be used to judge your application for tenancy. You must meet the following standards to qualify for a rental with our company. All tenant applications are judged on the same standards, one person or family at a time, on a first come, first served basis. You will be charged a non-refundable screening fee to apply. Credit history is used as a part of the approval process.

ID REQUIREMENT: ALL applicants over the age of 18 must show a current picture ID at the time of application.

EVICTON AND SKIP HISTORY: NO evictions for cause or skip history in the last 3 years.

CRIMINAL HISTORY: No convictions in the last seven years for crimes including but not limited to *Possession of Drugs with the Intent to Distribute, Rape, Assault, Child Molestation, Burglary, Arson, or Murder. No convictions in the past year for crimes including but not limited to Possession of a Controlled Substance (illegal drugs), or Domestic Violence. If you have been convicted of a felony within the last seven (7) years, this is grounds for rejection.*

INCOME: The combined gross income of all approved persons living in the rental must be three times the rental rate per month. Please provide proof of income by pay stubs or other verifiable means or offer of employment letter when submitting your application.

EMPLOYMENT: You must have proof of employment, or show proof of student or military status.

We must have your employer name, supervisor, telephone and fax numbers. When you submit your application, please provide two (2) months pay stubs, or offer of employment letter with the application.

RENTAL HISTORY: You must provide name, address, telephone and fax numbers, and dates of tenancy for previous landlords for 3 years, regardless of the state or country. Reports obtained from previous landlords must be good or positive. Negative reports regarding timeliness of rent, condition of property, money owed and not paid, or other "breach of agreement" will be grounds for denial of your application.

PETS: No pets (with the exception of medical necessity pets) of any kind will be permitted without written permission of PS Property Management & Real Estate. There is a required \$250 additional security deposit per pet. The following pets will NOT be accepted under any circumstances: Dobermans, Pit Bulls, Chows, Akitas, Rottweiler's, Siberian huskies, malamutes, Presa Canarios, wolf-hybrids, German shepherds, American Staffordshire Terriers, or any dog(s) cross bred with the aforementioned dogs.

My/Our signature(s) below acknowledge that I/We have read the above standards for tenancy and understand that I/We will be judged on the above standards, and must meet them to qualify for tenancy. Furthermore, I/We understand that if denied the application fee is non-refundable.

Signature of Applicant

Date

Signature of Co-Applicant

Date



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Date: _____

This application is for the property located at:

Desired lease term is for _____.

Desired date of occupancy: _____.

Desired date of termination: _____.

The monthly rent shall be _____, payable in advance of occupancy. Rent will be pro-rated if the move-in date is other than the first day of the month.

*In order to hold a property an Application Deposit must be given in conjunction with the application fee. This check will be deposited as soon as practically possible.

If this application is submitted without an application deposit (Not the Application fee), the property will not be held. If a subsequent application with an application deposit is submitted, the property may be awarded to the subsequent, qualified application.*

The applicant understands that if this application is accepted and the applicant fails to execute a lease within three days of being notified of their credit approval, the application deposit and any other deposits will be forfeited as liquidated damages. Applicant must put all gas, electricity, water and trash into their names **before** keys will be given to tenants at lease signing. If you are putting a security deposit down on a home, ask the receptionist for the list of utility phone numbers so you can schedule them in your name effective your desired move in date. At lease signing we will ask you for confirmation numbers from PNM and we will call to verify that all utilities have been placed into your name before keys will be released. It is also understood that if the application is not accepted, or if the premises are not ready for occupancy by the applicant on the beginning date specified above, the deposit shall be returned to the applicant, upon the applicant's request.

The applicant understands that he/she will pay a \$35 non-refundable application fee with an additional \$15 for each applicant thereafter, on this application. This will cover the costs of Credit, Employment and Rental Histories.

IT IS AGAINST THE LAW TO DISCRIMINATE AGAINST PROSPECTIVE TENANTS ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY OR FAMILY STATUS LOCAL OR STATE LAWS MAY INCLUDE ADDITIONAL CLASSES WHICH ARE PROTECTED FROM DISCRIMINATION IN HOUSING.

There will be no more than two (2) occupants per bedroom allowed for fire and safety concerns. For example, if there are three (3) bedrooms there will be no more than six (6) people allowed to live at the residence. Number of Bedrooms: _____

Signature of Applicant(s): _____



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RESIDENTIAL RENTAL APPLICATION

PRIMARY APPLICANT INFORMATION:

Name: _____ Email: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ SSN#: _____
D.O.B.: ____/____/____ Driver's License#: _____ State: _____

PRIMARY APPLICANT- EMPLOYMENT INFORMATION (Note: If more than two jobs in the last 6 months, list on a separate sheet.)

Employer: _____
Phone: _____ Fax: _____ Gross Monthly pay: _____
From: _____ to _____ Supervisor: _____
Additional Income (If Any) Source: _____ Monthly Amount: _____

PRIMARY APPLICANT- TWO-YEAR EMPLOYMENT HISTORY

Employer: _____
Phone: _____ Fax: _____ Gross Monthly pay: _____
From: _____ to _____ Supervisor: _____

PRIMARY APPLICANT- TWO-YEAR RESIDENCY HISTORY

Current Address: _____
City: _____ State: _____ Zip: _____
Rent Amount: _____ From: _____ To: _____
Owner/Manager: _____ Phone: _____ Fax: _____
Reason for Moving: _____
Previous Address: _____
City: _____ State: _____ Zip: _____
Rent Amount: _____ From: _____ To: _____
Owner/Manager: _____ Phone: _____ Fax: _____
Reason for Moving: _____



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CO-APPLICANT INFORMATION:

Name: _____ Email: _____
Home phone#: _____ Work phone#: _____
Cell phone: _____ SSN#: _____ - _____ - _____
D.O.B.: ____/____/____ Driver's License #: _____ State: _____

CO-APPLICANT EMPLOYMENT INFORMATION:

Employer: _____
Phone: _____ Fax: _____ Gross Monthly pay: _____
From: _____ to _____ Supervisor: _____
Additional Income(If Any) Source: _____ Monthly Amount: _____

CO-APPLICANT TWO-YEAR EMPLOYMENT HISTORY

Employer: _____
Phone: _____ Fax: _____ Gross Monthly pay: _____
From: _____ to _____ Supervisor: _____

CO-APPLICANT TWO-YEAR RESIDENCY HISTORY

Current Address: _____
City: _____ State: _____ Zip _____
Rent Amount: _____ From: _____ To: _____
Owner/Manager: _____ Phone: _____ Fax: _____
Reason for Moving: _____
Previous Address: _____
City: _____ State: _____ Zip _____
Rent Amount: _____ From: _____ To: _____
Owner/Manager: _____ Phone: _____ Fax: _____
Reason for Moving: _____



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LIST NAMES OF ALL PERSONS OVER 18 THAT WILL BE LIVING AT THIS ADDRESS:

LIST NAMES OF ALL PERSONS UNDER 18 THAT WILL BE LIVING AT THIS ADDRESS:

EMERGENCY CONTACT PERSON:

Name: _____ Home Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____

In the event of serious illness or death, is the above person authorized to remove and/or store all contents found in dwelling, storerooms, common areas and mailboxes? YES / NO (Circle one)

PERSONAL REFERENCES:

1) Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

2) Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

3) Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

I understand that it is PS Companies policy to verify all contacts. I certify that the information given is true and correct.



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DISCLOSURE INFORMATION: (The questions following apply to all applicants)

Pet Information:

Do you have a pet? Yes ___ No ___ Type/Breed _____

Height/Weight _____

Age of pet? _____ Is pet sprayed/neutered? _____ de-clawed? Yes ___ No ___

Is your pet current on all shots (rabies)? _____ Do you have a city license? _____

Is tenant aware of whether any of the above listed pets have ever bitten or injured another person?

Yes ___ No ___ if yes, explain _____

Is tenant aware of whether any of the above listed pets has any propensity or predisposition to bite

or injure someone? Yes ___ No ___

If yes, explain _____

Do you have any furniture filled with water? Size? _____ Yes / No

Does anyone who will occupy the property smoke? Yes / No

Have you or your co-applicant ever filed bankruptcy? Yes / No

Have you ever lost property in a foreclosure or currently being foreclosed upon? Yes/No

Have you ever broken a lease, been evicted, or sued for non-payment of rent? Yes / No

Have you ever been sued for damage to rental property? Yes / No

Are there any criminal matters pending against any occupant? Yes / No

Have you or co-applicant ever been convicted of a crime or felony? Yes / No

Are you a registered sex offender? Yes / No

If you answered yes to any of the above, please explain: _____

CERTIFICATION AND RELEASE

By signing below I/We declare the information given on this application to be true and correct. Any information found to be false shall be reason to deny application and retain the application fee and/or to terminate residency if information is found to be false after acceptance by Owner/Manager. By signing below I/We authorize PS Companies to verify all information on the rental application by all available means, including consumer reporting agencies, public records, current and previous rental owners, employers and personal references. Re-verification or investigation of preliminary findings is not required.

Signature of Applicant

Date

Signature of Co-Applicant

Date



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Applicant Signature: _____ **Date:** _____

(Applicant signature authorizes the release of the information below)

Co-Applicant Signature: _____ **Date:** _____

(Applicant signature authorizes the release of the information below)

Applicant Please Do Not Complete the Information Below

FOR OFFICE USE ONLY

To Company: _____ Attention: _____ Date: _____

To Fax # _____ From: _____ Fax: 505-994-9732

PRIOR TENANCY VERIFICATION FORM

The tenant(s) below applied for rent with our client who has asked us to verify the tenant's timely performance of rental obligations with you.

Please take a moment now to complete the information for verification. Thank you for your help!

Tenant(s) Name: _____ Address: _____

Name of tenant(s) on Lease: _____

Move in-date: _____ Lease Fulfilled: ☐ YES ☐ NO

Move-out date: _____ 30-day notice: ☐ YES ☐ NO

Lease Expiration date: _____ Eviction started: ☐ YES ☐ NO

Number of NSF checks: _____ Unit left clean when vacated: ☐ YES ☐ NO

Rent Amount: _____ Damages: ☐ YES ☐ NO Amount: _____

Late Charges: _____ Would you re-rent: ☐ YES ☐ NO

(please give details below)

Number of times late: _____ Legal notices: ☐ YES ☐ NO

(please give details below)

Confidential Comments or Complaints:

Information supplied

by _____ Title _____



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Office Use Only

Application Checklist

Property Manager: _____
Assistant: _____
Date Application Received: _____ Date Funds
Received: _____
Application Fee \$: _____ Deposit \$: _____
Verified Applicant(s) Signatures: _____ By: _____ Date: _____
Income Verified (3x rent): _____ By: _____
Date: _____
Credit Check: _____ By: _____
Date: _____
Background/Criminal Check: _____ By: _____
Date: _____
Rental History Verified: _____ By: _____
Date: _____
Pet (if any) Approved: _____ By: _____
Date: _____
Smoking Approved: _____ By: _____
Date: _____
Notes: _____

Decision:

Notified Applicant _____ On/Date _____ Employee
Name _____
By Phone ___ Mail ___ Email ___ Fax ___ In Person ___ that applicant was Approved ___ or
Not Approved ___

If Not Approved:

Reason for decision: _____

Property Manager Signature: _____
Date: _____