







# 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: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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: \_\_\_\_\_

**CO-APPLICANT INFORMATION:**

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

**CO-APPLICANT EMPLOYMENT INFORMATION:**

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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: \_\_\_\_\_

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

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

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**Person to notify and person your authorize to take possession of your personal property in case of emergency, untimely incarceration or death:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

**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 Tyson Properties' policy to verify all contacts. I certify that the information given is true and correct.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

**DISCLOSURE INFORMATION: (The questions below apply to all applicants)**

**Do you plan on installing any of the following television services upon move-in?**

Cable \_\_\_\_\_ Dish Network \_\_\_\_\_ Direct TV \_\_\_\_\_ Other \_\_\_\_\_ None

**Pet Information:**

Do you have any pets? Yes \_\_\_ No \_\_\_ If so, how many? \_\_\_\_\_ (there is a \$300 deposit per pet)

Type(s)/Breed(s) \_\_\_\_\_ Color/Markings \_\_\_\_\_

Height/Weight \_\_\_\_\_ Age of pet(s)? \_\_\_\_\_

Is/are pet(s) sprayed/neutered? \_\_\_\_\_ De-clawed? \_\_\_\_\_

Is/are your pet(s) current on all shots (rabies)? \_\_\_\_\_ Date of last rabies shot(s)? \_\_\_\_\_

Do you have a city license? \_\_\_\_\_ License Number(s): \_\_\_\_\_

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 \_\_\_\_\_

**\* Please realize any unauthorized pets found to be living on or visiting the property for any length of time may result in a charge of \$100 per month for the entire lease term.**

**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**

**Has either ever lost property in a foreclosure or currently being foreclosed upon? Yes / No**

**Has either ever broken a lease, been evicted, or sued for non-payment of rent? Yes / No**

**Have you or co-applicant 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 or your co-applicant 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 Tyson Properties, Inc. 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**



922 THIRD ST. NW ALBUQUERQUE, NM 87102 OFFICE 505-323-2104 FAX 505-323-2105

**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: 505-323-2105

**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)

Did the Tenant have pets? Yes or No If so, what type? Dog(s)\_\_\_\_ Cat(s)\_\_\_\_ Other\_\_\_\_\_

Would you give tenant's pet(s) a good reference? Yes or No, explain:\_\_\_\_\_

Were any damages noted above caused by the pet? \_\_\_\_\_

Did it appear that the tenant smoked in the residence? \_\_\_\_\_

Additional Comments or Complaints: \_\_\_\_\_  
(any comments above will be kept confidential)

Information supplied by \_\_\_\_\_ Title \_\_\_\_\_

# *For Internal 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: \_\_\_\_\_