

# CASA BELLA / MILTON'S PLACE

2306 S. Espina / 2125 S. Espina

Las Cruces, NM 88001

Ofc: 505-647-5426 Fax: 505-524-2706

## RENTAL APPLICATION

### APPLICANT

Name \_\_\_\_\_ SSN \_\_\_\_\_

ID No. \_\_\_\_\_ Exp. \_\_\_\_\_ DOB \_\_\_\_\_

Home No. \_\_\_\_\_ Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Spouse \_\_\_\_\_ SSN \_\_\_\_\_

ID No. \_\_\_\_\_ Exp. \_\_\_\_\_ DOB \_\_\_\_\_

Current Address \_\_\_\_\_

Manager \_\_\_\_\_ Ofc. No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Previous Address \_\_\_\_\_

Manager \_\_\_\_\_ Ofc. No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Have you or your spouse ever been evicted for any reason? Yes \_\_\_ No \_\_\_  
Have you or your spouse ever been sued for nonpayment of rent? Yes \_\_\_ No \_\_\_  
Have you or your spouse ever been sued for damage of rental property? Yes \_\_\_ No \_\_\_  
Have you or your spouse ever filed a petition for bankruptcy? Yes \_\_\_ No \_\_\_  
Have you or your spouse ever been convicted of a felony? Yes \_\_\_ No \_\_\_

If you answered yes to any of the questions above, please explain on the back side of this form.

### CHILDREN

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

### PETS

Type \_\_\_\_\_ Weight \_\_\_\_\_ Color \_\_\_\_\_ Name \_\_\_\_\_

Breed \_\_\_\_\_ Currently registered? Yes \_\_\_ No \_\_\_ Currently inoculated? Yes \_\_\_ No \_\_\_

Type \_\_\_\_\_ Weight \_\_\_\_\_ Color \_\_\_\_\_ Name \_\_\_\_\_

Breed \_\_\_\_\_ Currently registered? Yes \_\_\_ No \_\_\_ Currently inoculated? Yes \_\_\_ No \_\_\_

### VEHICLES

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ State \_\_\_\_\_ Plate No. \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ State \_\_\_\_\_ Plate No. \_\_\_\_\_

**EMPLOYMENT**

Current Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Current monthly gross income (before deductions) \$ \_\_\_\_\_ Length of employment \_\_\_\_\_

**INCOME**

List sources of income other than present employment:

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_ Daily \_\_\_ Weekly \_\_\_ Monthly \_\_\_ Yearly \_\_\_

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_ Daily \_\_\_ Weekly \_\_\_ Monthly \_\_\_ Yearly \_\_\_

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_ Daily \_\_\_ Weekly \_\_\_ Monthly \_\_\_ Yearly \_\_\_

**ASSETS**

Financial Institution	Type of Account	Account Number	Current Balance

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

In the case of a serious illness, death, or other emergency, the person named above is  
\_\_\_\_\_ authorized \_\_\_\_\_ not authorized  
to enter if necessary, remove and/or store contents found in the dwelling and/or mailbox.

Application Fee \$ \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

I hereby authorize Salas-Zuhl Properties/Salas Properties and its agents or representatives to conduct an investigation concerning the verification of all information provided on this application. The release of records is therefore authorized by any and all institutions regarding this data. Any false information shall entitle the owner to reject this application and/or cancel the applicants subsequent lease. I also release Salas-Zuhl, LLC/Salas Rentals, LLC and its agents or representatives both individually and collectively from any liability for damages of any kind which may occur as a result of said investigation. Additionally, I agree that the \$300.00 remitted puts a HOLD on an apartment. If I **DO NOT move into an apartment** and am approved then the money given is **non-refundable** 72 hours after remitting the money. The disclosure of intent to investigate is in accordance with the Fair Credit Reporting Act [Section 604 (b)(2)(A)].

Signed \_\_\_\_\_ (Applicant) Signed \_\_\_\_\_ (Spouse)

Dated \_\_\_\_\_ Dated \_\_\_\_\_