

STANDARDS FOR RENTAL APPLICATION

The following are the standards that your application for rent will be judged on. You must meet the following standards to qualify for rental with this management company. You will be charged a **non-refundable** screening fee of **\$40.00 per person** to apply for residency.

ID Requirements:

All residents that will be living in the unit over 18 years of age must have current picture ID at the time of applying for the unit.

Credit History:

National Credit ratings cannot be higher than a three on all trade lines. (More than a one rating means more than 60 days past due.)

Bankruptcy:

You cannot have filed bankruptcy in the last 18 months, and the bankruptcy has to have been discharged at least one year ago, from the date of application for a rental. Your credit history from the date of bankruptcy has to be perfect.

Eviction and Skip History:

No evictions or skip history in the last six years. No Exceptions!

Criminal History:

No citation or convictions for such crimes as: Possession of Drugs with the Intent to Distribute, Rape, Assault with a Deadly Weapon, Child Molestation, Burglary or Murder. No citation or convictions for such crimes as Felony Possession of Drugs or Domestic Violence.

Income: AFFORDALITY WILL BE DETERMINED BASED ON A COMBINATION OF INCOME, CREDIT REPORT ACCOUNT PAYMENTS AND RATINGS.

Single and Married: Income must be at least two and one half (2½) times the rent of the unit for which you are applying.

Roommates: Each roommate must have an income of at least two and one half (2½) times the rent of the unit for which they are applying.

Employment:

You must have at least six months on the job. If less than six months on the job, then the previous employment has to be checked, and must have at least six months of employment on that job.

Rental History:

Must provide all information on your current and previous landlords for the last three years. Good ratings from all landlords a must! **INCLUDE PHONE NUMBERS!**

MY/OUR SIGNATURE BELOW ACKNOWLEDGES THAT I/WE HAVE READ THE ABOVE STANDARDS FOR RENTAL AND UNDERSTAND THAT I/WE WILL BE SCREENED BASED ON THE ABOVE STANDARDS, AND MUST MEET THEM TO QUALIFY FOR THE RENTAL UNIT THAT I/WE ARE APPLYING FOR. FURTHER MORE I UNDERSTAND THAT IF DENIED I/WE WILL LOSE ALL SCREENING FEES PAID.

Signature Of Applicant

Signature of Co-Applicant

RESIDENTIAL RENTAL APPLICATION

275-9800
271-1311 FAX

**\$40 APPLICATION FEE
NON-REFUNDABLE
CRIME/CREDIT CHECK**

PROPERTY INFORMATION

MOVE IN DATE: _____

Date Of Application: _____ Property: _____

Name: _____

Unit Number: _____

Screening Fee: **\$40 Ea** Rent: _____ Deposit: _____

****Screening fee is a NON-REFUNDABLE fee that must be paid by CASH, MONEY ORDER or CASHIER'S CHECK. Upon application approval, the security/pet deposit must be paid in full to Ocksrider Properties, Inc. within 24 hours in the form of cashier's check or money order to hold the property. After 72 hours of security deposit payment, applicant fails to move-in on the date specified on application, the security/pet deposit will be forfeited.**

IN THE EVENT THAT YOU ARE SELECTED TO BE ONE OF OUR RENTERS, YOUR MOVE-IN AMOUNT MUST BE IN THE FORM OF A MONEY ORDER OR CASHIERS CHECK.

RESIDENT INFORMATION

PRIMARY'S Home Phone: _____ Work: _____

Name: _____ S.S.#: _____-_____-_____

D.O.B.: ____/____/____ Drivers License: _____ State: _____

Email Address (Required): _____

SECONDARY'S Home Phone: _____ Work: _____

Name: _____ S.S.#: _____-_____-_____

D.O.B.: ____/____/____ Drivers License: _____ State: _____

Email Address (Required): _____

RENTAL INFORMATION

CURRENT

Address: _____ APT #: _____

City: _____ State: _____ Zip Code: _____ Unit Rent: _____

Owner/Manager: _____ Phone: _____

Dates Occupied: _____ Reason for Leaving: _____

PREVIOUS

Address: _____ APT #: _____

City: _____ State: _____ Zip Code: _____ Unit Rent: _____

Owner/Manager: _____ Phone: _____

Dates Occupied: _____ Reason for Leaving: _____

RENTAL INFORMATION, CONTINUED:

NEXT PREVIOUS:

Address: _____ APT #: _____

City: _____ State: _____ Zip Code: _____ Unit Rent: _____

Owner/Manager: _____ Phone: _____

Dates Occupied: _____ Reason for Leaving: _____

EMPLOYMENT INFORMATION

PRIMARY'S

Employer: _____ Phone: _____

Address: _____

How Long: _____ Supervisor: _____ Gross Pay: _____

Occupation: _____ Dates Employed: _____

EMPLOYMENT INFORMATION

SECONDARY' s

Employer: _____

_____ Phone: _____

Address: _____

How Long: _____ Supervisor: _____ Gross Pay: _____

Occupation: _____ Dates Employed: _____

PROPOSED OCCUPANTS

_____ Name _____ Birth date _____ SS# _____

List all Children that will be living in the unit either part-time or full-time with names and ages.

PERSONAL REFERENCES (LIST NAMES AND NUMBERS OF 3 REFERENCES)

NAME: _____ YEARS KNOWN _____ PHONE _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

NAME: _____ YEARS KNOWN _____ PHONE _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

NAME: _____ YEARS KNOWN _____ PHONE _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

OTHER INFORMATION

Do you have a pet?	YES	NO
What Kind: _____ Pounds		
Are any of the applicants smokers?	YES	NO
Do you have a waterbed?	YES	NO
Have you or your spouse ever filed bankruptcy?	YES	NO
Have you or your spouse ever been evicted?	YES	NO
Have you or your spouse ever been sued for non-payment of rent, or damage of rental property?	YES	NO
Have you or your spouse ever been convicted of a felony.	YES	NO

List all vehicles to be parked on the premises.*Please note that we do not allow the parking of inoperable vehicles on rental property!*

Make _____ Model _____ Year _____ License _____

Make _____ Model _____ Year _____ License _____

Contact Person

In Emergency: _____ Relationship: _____

Work Phone: _____ Home Phone: _____

Address: _____

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

NAMES & ADDRESSES OF TWO RELATIVES LIVING NEAREST TO YOU

NAME _____

RELATIONSHIP _____

ADDRESS _____

PHONE NUMBER () _____

NAME _____

RELATIONSHIP _____

ADDRESS _____

PHONE NUMBER () _____

CERTIFICATION AND RELEASE

By my/our signature I declare the information given on this application to be true under a penalty of perjury. By my/our Signature I/we hereby grant permission to the owner/manager and/or agents of the owner/manager to obtain Credit Reports, Criminal History, Eviction/Skip History and all information necessary to verify information on this application. I understand that I have the right to make a written request within 10 days or receive information about the nature and scope of the investigation process and the findings thereof. False information given above will entitle owner to (1) reject this application, and (2) retain the application fee(s) as liquidated damages for the cost, time and effort in processing my application.

Signature of Applicant

Signature of Secondary Applicant

CRIME FREE LEASE ADDENDUM

In consideration of the execution or renewal of a lease of the dwelling unit identified in the lease, Owner and Resident agree as follows:

1. Resident, and any member of the resident's household, guest(s) or other person(s) under the resident's control will not engage in criminal activity, including drug-related criminal activity. "Drug-related criminal activity" means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use of a controlled substance (as defined in Sections 1 through 42 of the Controlled Substance Act [30-31-1 N.M.S.A.]).

2. A resident, any member of the resident's household, guest(s) or other person(s) under the resident's control will not engage in any act intended to facilitate criminal activity, including drug-related criminal activity, on or about the said premises.

3. A resident or members of the household will not permit the dwelling unit to be used for, or to facilitate criminal activity, including drug-related criminal activity, regardless of whether the individual engaging in such activity is a member of the household, or a guest.

4. A resident, any member of the resident's household, guest(s), or another person(s) under the resident's control will not engage in the unlawful manufacturing, selling, using, storing, keeping, or giving of a controlled substance whether on or about the dwelling unit or premises.

5. A resident, any member of the resident's household, or a guest or another person under the resident's control will not engage in any illegal activity, including but not limited to prostitution, criminal street gang activity, threatening or intimidating, assault, or the unlawful discharge of firearms, on or about the dwelling unit premises, or any breach of the lease agreement that otherwise jeopardizes the health, safety and welfare of the landlord, his agent or other tenant or involving imminent serious property damage.

6. VIOLATION OF THE ABOVE PROVISIONS WILL BE A MATERIAL AND IRREPARABLE VIOLATION OF THE LEASE AND GOOD CAUSE FOR TERMINATION OF TENANCY. A single violation of any provisions of this added addendum will be deemed a serious violation and a material and an irreparable noncompliance. It is understood that a single violation will be good cause for termination of the lease as set forth in the "Uniform Owner-Resident Relation Act" 47-8-1 N.M.S.A. Unless otherwise provided by law, proof of violation **will not require criminal conviction**, but will be by a preponderance of the evidence.

7. In case of conflict between the provisions of this addendum and any other provisions of the lease, the provisions of the lease, the provisions of the addendum will govern.

8. This **LEASE ADDENDUM** is incorporated into the lease executed or renewed on, _____, 20__ between Owner and Resident.

Resident Signature

Date: ___ / ___ / ___

Resident Signature

Date: ___ / ___ / ___

Property Manager

Property