



BMC Management

Pueblo Plaza Center * 1100 S Main Ste. 100 * Las Cruces, NM 88005* (575) 526-9140

RENTAL/CREDIT APPLICATION

(Each co-resident/tenant, except spouse, must submit a separate application)

A NON-REFUNDABLE FEE OF \$30 MUST ACCOMPANY THIS APPLICATION IN CHECK OR MONEY ORDER

APPLICANT

Property applying for: _____

Full Name: _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____

SSN: _____ DOB: _____

License # and State: _____

Phone No: () _____ Email: _____

Spouse: _____

SSN: _____ DOB: _____

License # and State: _____

Phone No: () _____ Email: _____

How many people will reside at property? _____

List name, age, and relation of each person: _____

Any Pets: _____ How Many: _____ Type: _____ Size: _____

Have you ever declared bankruptcy? Yes _____ No _____ When: _____

Have you or spouse ever been convicted or pleaded guilty to any offense other than a minor traffic violation? _____

List all vehicles to be parked at property:

Make _____ Model _____ Year _____ License No. & State _____

Make _____ Model _____ Year _____ License No. & State _____

Make _____ Model _____ Year _____ License No. & State _____

In case of emergency, notify: _____ Relation: _____

Address: _____ Phone: () _____

In the event of serious illness or death, the above named person *may* or *may not* enter, remove and/or store all contents found in the dwelling unit, storeroom, common areas and mail. (circle one)

Initials: _____

BANK AND CREDIT REFERENCES

Name of Bank: _____ Checking: _____ Savings: _____

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Credit/Personal Reference & Phone No.: _____

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RENTAL HISTORY

Current Address: _____

Moved In: _____ Landlord Name & No.: _____

Previous Address: _____

Have you or spouse ever been evicted? Yes _____ No _____

Have you/spouse been sued for non-pmt of rent or damage to property? Yes _____ No _____

EMPLOYMENT/INCOME

Applicant Employer: _____ How Long: _____ Phone: _____

Address: _____ Job Title: _____

Gross Mthly Income: \$ _____ Supervisor Name & Phone No: _____

Previous Employer: _____ How Long: _____ Phone: _____

Address: _____ Job Title: _____

Gross Mthly Income: \$ _____ Supervisor Name & Phone No: _____

Spouse Employer: _____ How Long: _____ Phone: _____

Address: _____ Job Title: _____

Gross Mthly Income: \$ _____ Supervisor Name & Phone No: _____

Previous Employer: _____ How Long: _____ Phone: _____

Address: _____ Job Title: _____

Gross Mthly Income: \$ _____ Supervisor Name & Phone No: _____

Disclosure of additional income such as child support, alimony, separate maintenance, etc. is mandatory if applying for government regulated housing, otherwise it is voluntary. If you wish to have it considered in determining if you qualify, please complete the following:
Amount \$ _____ How Often: _____ Source: _____

CORRECT INFORMATION

UNDERSIGNED DECLARES THE FOREGOING TO BE TRUE AND CORRECT UNDER PENALTY OF PERJURY AND HEREBY AUTHORIZES VERIFICATION OF ALL INFORMATION VIA CREDIT REPORTS, CRIMINAL BACKGROUND CHECKS, RENTAL HISTORY REPORTS, RELEASE OF INFORMATION BY EMPLOYERS (present and former) AND OTHER MEANS. I/WE HEREBY AGREE THAT LANDLORD MAY TERMINATE ANY AGREEMENT ENTERED INTO IN RELIANCE ON ANY FALSE OR MISLEADING STATEMENT(S) MADE ABOVE. IN ANY LAWSUIT RELATED TO THIS APPLICATION, RENTAL AGREEMENT OR RIGHTS UNDER ANY STATUTE OR GOVERNING REGULATIONS, THE PREVAILING PARTY SHALL BE ENTITLED TO RECOVER ATTORNEY FEES AND ALL OTHER COSTS OF LITIGATION FROM THE NON-PREVAILING PARTY. THE OWNER RESERVES THE RIGHT TO REPORT INFORMATION ABOUT PAYMENT PERFORMANCE TO CONSUMER CREDIT REPORTING AGENCIES.

Signature of Applicant

Date

Signature of Spouse

Date

A non-refundable \$30 application fee must accompany this application whether or not it is approved.