



Application for Tenancy of Residential Property

Part I – Broker Basic Duties

Every licensed New Mexico real estate Broker is obligated to disclose Broker Duties. Please acknowledge receipt of this information by initially or signing, as appropriate, the Broker Duties pages of this section of the Property Management Agreement.

Disclosure: The following brokerage relationships are available in the State of New Mexico:

- (1) transaction broker;
- (2) exclusive agency; and
- (3) dual agency.

Prior to the time an Associate Broker or Qualifying Broker generates or presents any written document that has the potential to become an express written agreement, the Broker shall disclose in writing to a prospective buyer, seller, landlord or tenant, the following list of Broker Duties that are owed to all Customers and Clients by all Brokers regardless of the brokerage relationship:

- 1) Honesty and reasonable care, as set forth in the provisions of this section;
 - 2) Compliance with local, state and federal fair housing and anti-discrimination laws, the New Mexico Real Estate License Law, the New Mexico Real Estate Commission Rules and Regulations and other local, state and federal laws and regulations;
 - 3) Performance of any and all oral or written agreements made with the Broker's Customer or Client;
 - 4) Assistance to the Broker's Customer or Client in the completion of the Transaction, unless otherwise agreed to in writing by the Customer or Client, including:
 - (a) presentation of all offers and counter-offers in a timely manner; and
 - (b) assistance in complying with the terms and conditions of the contract and with the closing of the Transaction.
- If a Broker in a Transaction is not providing the service, advice or assistance described in paragraphs 4(a) and 4(b), the Customer or Client must agree in writing that the Broker is not expected to provide such service, advice or assistance, and the Broker shall disclose such agreement in writing to the other Brokers involved in the Transaction;
- 5) Acknowledgment by the Broker that there may be matters related to the transaction that are outside of the Broker's knowledge or expertise and that the Broker will suggest that the Customer or Client seek expert advice on these matters;
 - 6) Prompt accounting of all monies or property received by the Broker;
 - 7) Prior to the time an Associate Broker or Qualifying Broker generates or presents any written document that has the potential to become an express written agreement, written disclosure of:
 - (a) any written Brokerage Relationship the Broker has with any other Parties to the Transaction;
 - (b) any material interest or relationship of a business, personal or family nature that the Broker has in the Transaction; and
 - (c) other Broker Relationship options available in the State of New Mexico;

Applicant Initials: _____





Advantage Pointe Properties, LLC
9648 Sun Dancer Drive, NW
Albuquerque, NM 87114



Application for Tenancy of Residential Property

E-mail Completed Application & Related Documents to richard@box133.com

Application for Tenancy

10516 Bitter Creek Drive, NW

Address of Property being applied for

Albuquerque, NM 87114

City of Property being Applied for

Monthly Rent Amount

Desired Move-In Date

Desired Term of Lease/Rental Agreement (in months)

Amount of Application Fee Submitted

Amount of Earnest Money Submitted, if any

- 1) All persons 18 years of age or older who will be residing in the above property must submit an application;
- 2) All applicants must submit a non-refundable application fee of \$45.00;
- 3) For reasons of safety and sanitation, the total number of residents may not exceed two (2) per bedroom;
- 4) All applications are processed on a first come-first serve basis (note next paragraph);
- 5) Applications submitted with fully refundable earnest money in an amount of no less than one-half of one month's rent (applied to security deposit, if approved) will take priority over those applications submitted *without* earnest money;
- 6) Pets are accepted only on owner approval and with a minimum pet deposit of \$250 per pet. *In no case*, will exotic pets or those known to be of unpredictable temperament (examples: Reptiles, Staffordshire Terriers, German Shepherds, Doberman Pinchers, Huskies, etc. whether purebred or mixed) be allowed on the property)
PLEASE NOTE THAT A VIOLATION OF ADVANTAGE POINTE PROPERTIES, LLC' PET POLICY MAY RESULT IN THE IMMEDIATE TERMINATION OF ANY LEASE/RENTAL AGREEMENT RESULTING FROM THIS APPLICATION;
- 7) The combined gross (before tax) monthly household income must equal or exceed three (3) times the monthly rent.

Applicant's Signature

Date

Applicant's Signature

Date

Applicant Name (Please Print)

Applicant Name (Please Print)

The Following Area is For Office Use Only

Application received by: ☐ Mail ☐ Fax ☐ E-mail ☐ By Hand

Date and Time Received

By Whom Received



Advantage Pointe Properties, LLC
9648 Sun Dancer Drive, NW
Albuquerque, NM 87114



Application for Tenancy of Residential Property

Advantage Pointe Properties, LLC
9648 Sun Dancer Drive, NW
Albuquerque, NM 87114
(505) 205-1581 • (888) 875-8717
(fax) service@box133.com

Application for Tenancy

Instructions

- 1) Please use all available fields when submitting your application, i.e., if there are two applicants, enter all information on a single application and so on. If three or more applicants, use additional applications, as necessary;
- 2) If more than one applicant, please indicate the "Primary Applicant" by checking the appropriate box. The primary applicant will serve as your property manager's primary point of contact;
- 3) Submit copies of each employed applicant's last three paystubs or a letter from the applicant's employer stating date of hire, rate of pay and frequency of pay or a copy the page of your most recent IRS tax filing showing gross income;
- 4) As the information provided on the application will be used to determine your eligibility for tenancy, please be certain to provide as much information as possible. Illegible or missing information may delay the application process or be cause for declining your application.

Applicant No. _____ of _____ Information

Applicant Name (Please Print) _____

Current Address _____ City _____ State _____ Zip Code _____

Date of Birth _____ Social Security Number _____ Driver's License Number _____ State _____

☐ This applicant will be the Primary Applicant/Tenant. The Primary Applicant/Tenant will serve as the primary point of contact for Advantage Pointe Properties, LLC as regards all communications between the applicant(s)/tenant(s) and Advantage Pointe Properties, LLC. Communication to or from the Primary Applicant/Tenant shall be deemed communication to or from all Applicant(s)/Tenant(s) of the property.

☐ This applicant is active military and may be subject to involuntary redeployment.

☐ If primary applicant, applicant agrees to accept all communications, as applicable and appropriate, via electronic means.

Primary Phone Number (including Area Code) _____ Ext. _____
☐ Cell/Mobile ☐ Home ☐ Work
Please check one of the above.

Alternate Phone Number (including Area Code) _____ Ext. _____
☐ Cell/Mobile ☐ Home ☐ Work
Please check one of the above.

Alternate Phone Number (including Area Code) _____ Ext. _____
☐ Cell/Mobile ☐ Home ☐ Work
Please check one of the above.

E-mail Address of Applicant _____



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Application for Tenancy of Residential Property

Residence History

At current address from ____/____/____ to ____/____/____

Name of Current Landlord or Management Company Monthly Rent or Mortgage

Voice and Fax Phone Numbers of Current Landlord or Management Company

Previous Address, if at current address for less than two years City State Zip Code

At previous address from ____/____/____ to ____/____/____

Name of Previous Landlord or Management Company Monthly Rent or Mortgage

Voice and Fax Phone Numbers of Previous Landlord or Management Company

Employment & Income History

Employed By

Employed from ____/____/____ to ____/____/____

Name of Supervisor Supervisor Phone Number

\$ Gross (before tax) Monthly Income \$ Other Income (Provide Supporting Documentation)

Previously Employed by, if at current employer for less than two years

Employed from ____/____/____ to ____/____/____

Name of Supervisor Supervisor Phone Number

\$ Gross (before tax) Monthly Income

Background Information
(check if True; do not check if False)

☐ I have previously filed for bankruptcy.
Year Filed: _____ Date Discharged: ____/____/____

☐ I have been convicted of a sexual offense requiring that I register with and provide current information to the local law enforcement authority.

☐ I have been convicted of manufacturing and/or distributing an illegal or



Application for Tenancy of Residential Property

controlled substance.

- ☐ I am currently undergoing treatment for drug addiction.
Facility or Treatment Provider: _____
Facility or Treatment Provider Phone Number: _____
- ☐ If not a legal resident of the United States of America, I have legal authority to reside in the United States of America. If this box is checked, you must provide appropriate documentation.
- ☐ I have previously been or am being evicted from a rental property.
- ☐ I have previously broken or am breaking a lease or rental agreement.
- ☐ I currently owe my current or a previous landlord for past due rent or unpaid charges resulting from my tenancy.

Applicant No. _____ of _____ Information

Name

Current Address	City	State	Zip Code
-----------------	------	-------	----------

_____/_____/_____
Date of Birth - - - - -
Social Security Number _____ _____
Driver's License Number _____ _____
State

- ☐ This applicant will be the Primary Applicant/Tenant. The Primary Applicant/Tenant will serve as the primary contact for Advantage Pointe Properties, LLC as regards all communications between the applicant(s)/tenant(s) and Advantage Pointe Properties, LLC. Communication to or from the Primary Applicant/Tenant shall be deemed communication to or from all Applicant(s)/Tenant(s) of the property.
- ☐ This applicant is active military and may be subject to redeployment.
- ☐ If primary applicant, applicant agrees to accept all communications, as applicable and appropriate, via electronic means.

Primary Phone Number (including Area Code)	Ext.
--	------

☐ Cell/Mobile ☐ Home ☐ Work
Please check one of the above.

Alternate Phone Number (including Area Code)	Ext.
--	------

☐ Cell/Mobile ☐ Home ☐ Work
Please check one of the above.

Alternate Phone Number (including Area Code)	Ext.
--	------

☐ Cell/Mobile ☐ Home ☐ Work
Please check one of the above.

Applicant's E-mail Address

Residence History



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☐ Same as Applicant No. _____

At current address from ____/____/____ to ____/____/____

Name of Current Landlord or Management Company Monthly Rent or Mortgage

Voice and Fax Phone Numbers of Current Landlord or Management Company

Previous Address, if at current address for less than two years City State Zip Code

At previous address from ____/____/____ to ____/____/____

Name of Previous Landlord or Management Company Monthly Rent or Mortgage

Voice and Fax Phone Numbers of Previous Landlord or Management Company

Employment & Income History

Employed By

Employed from ____/____/____ to ____/____/____

Name of Supervisor Supervisor Phone Number

\$ _____ \$ _____
Gross (before tax) Monthly Income Other Income (Provide Supporting Documentation)

Previously Employed by, if at current employer for less than two years

Employed from ____/____/____ to ____/____/____

Name of Supervisor Supervisor Phone Number

\$ _____
Gross (before tax) Monthly Income

Background Information
(check if True; do not check if False)

- ☐ I have previously filed for bankruptcy.
Year Filed: _____ Date Discharged: ____/____/____
- ☐ I have been convicted of a sexual offense requiring that I register with and provide current information to the local law enforcement authority.
- ☐ I have been convicted of manufacturing and/or distributing an illegal or controlled substance.



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- ☐ I am currently undergoing treatment for drug addiction.
Facility or Treatment Provider: _____
Facility or Treatment Provider Phone Number: _____
- ☐ If not a legal resident of the United States of America, I have legal authority to reside in the United States of America. If box is checked, you must provide appropriate documentation.
- ☐ I have previously been evicted or am being evicted from a rental property.
- ☐ I have previously broken or am breaking a lease or rental agreement.
- ☐ I currently owe my current or a previous landlord for past due rent or unpaid charges resulting from my tenancy.

General Information

Applicant(s) request approval for the following pets:

☐ Dog ☐ Cat ☐ Fish ☐ Bird ☐ Other – Describe: _____

If any pets will be residing on the property, applicant must complete pet information found on last page of this application.

Names of Occupants (Excluding Co-Applicant(s))
Over Age 18: (Please Print Name, Relationship and Age)

Names of Occupants Under Age 18:
(Please Print Name, Relationship and Age)

Vehicles to be Parked at Property:

Make & Model	Year	Color	State	Tag Number
Make & Model	Year	Color	State	Tag Number
Make & Model	Year	Color	State	Tag Number
Make & Model	Year	Color	State	Tag Number



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Reference #1 Name Relationship to Applicant

Reference #1 Address City State Zip Code

Reference #1 Phone Number Reference #1 E-mail Address

Reference #2 Name Relationship to Applicant

Reference #2 Address City State Zip Code

Reference #2 Phone Number Reference #2 E-mail Address

Reference #3 Name Relationship to Applicant

Reference #3 Address City State Zip Code

Reference #3 Phone Number Reference #3 E-mail Address

Emergency Contact
(must be other than a co-applicant)

Contact Name Relationship to Applicant

Contact Address City State Zip Code

Contact Phone Number Contact E-mail Address



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Statement of Fact

I/We, by affixing my/our signature(s), below, attest that the foregoing information is true and factual to the best of my/our knowledge. Furthermore, I/we acknowledge and agree that any untruthful or misleading information provided by me/us will be cause for declining the application for tenancy of the property or the immediate termination of any lease/rental agreement resulting from approval of this application for tenancy by Advantage Pointe Properties, LLC that was based on such untruthful or misleading information provided by the applicant(s) or agent(s) of said applicant(s).

Applicant's Signature Date

Applicant's Signature Date

Applicant Name (Please Print)

Applicant Name (Please Print)



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Authorization for Release of Information

I/We, by affixing my/our signature(s), below, grant permission for the release of information to Advantage Pointe Properties, LLC as may be requested by Advantage Pointe Properties, LLC and as may regard my/our credit history, criminal background, rental history and/or employment history and income.

I/We understand and agree that such information may be sought by Advantage Pointe Properties, LLC from credit bureaus or other consumer reporting agencies, public records, past and present employers and landlords and from personal references.

Furthermore, I/we understand that all information, including this application, obtained by Advantage Pointe Properties, LLC shall be held in strictest confidence by and remain the property of Advantage Pointe Properties, LLC.

Applicant's Signature Date

Applicant's Signature Date

Applicant Name (Please Print)

Applicant Name (Please Print)



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The Following Pet(s) are Owned by Applicant(s)

Pet (as applicable):	Pet #1	Pet #2	Pet #3	Pet #4
Type	_____	_____	_____	_____
Breed	_____	_____	_____	_____
Age	_____	_____	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Weight	_____	_____	_____	_____
Assistive Animal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Size (gallons)	_____	_____	_____	_____
Color	_____	_____	_____	_____
Name	_____	_____	_____	_____
Rabies Tag: Number	_____	_____	_____	_____
Issue Date	_____	_____	_____	_____
Issuing Authority	_____	_____	_____	_____
Registration Tag No.	_____	_____	_____	_____
Issue Date	_____	_____	_____	_____
Issuing Authority	_____	_____	_____	_____
Spayed or Neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials _____