



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

Page 1 of 12

(c) other Broker Relationship options available in the State of New Mexico;

Aı	oplic	ant	Initials:	





Application for Tenancy of Residential Property

- 8) Disclosure of any adverse material facts actually known by the Broker about the property or the Transaction, or about the financial ability of the Parties to the Transaction to complete the Transaction. Adverse material facts do not include data from a sex offender registry or the existence of group homes;
- 9) Maintenance of any confidential information learned in the course of any prior Agency relationship, unless the disclosure is with the former Client's consent or is required by law;
- 10) Unless otherwise authorized in writing, a Broker shall not disclose to their Customer or Client during the Transaction that (a) their Seller Customer or Client or their Buyer Customer or Client has previously indicated that they will accept a sales price less than the asking or listed price of the property; (b) their Buyer Customer or Client has previously indicated that they will pay a sales price greater than the sales price submitted in a written offer; (c) the motivation of their Customer or Client for selling or buying property; (d) their Seller Customer or Client or their Buyer Customer or Client will agree to financing terms other than those offered; or (e) any other information requested in writing by their Customer or Client to remain confidential, unless disclosure is required by law.

Part II - Broker Basic Duties

1) Broker () does (**X**) does not have a material interest or relationship of a business, personal or family nature in the Transaction, including compensation from more than one party:

If the Brokerage or the Qualifying Broker has a material interest or relationship of a business, personal or family nature in the Transaction, that interest or relationship must be disclosed separately, also.

Applicant's Signature	Date	Time	Applicant's Signature	Date	Time
Applicant's Name (Please Print)			Applicant's (Please Print)		
Applicant \square is \square is not a New Mexico Broker.	o real es	tate Broke	er. Applicant □ is □ is not a New Me	exico real es	tate
			Broker		
Advantage Pointe Properties, LLC 9648 Sun Dancer Drive NW Albuquerque, New Mexico 87114					
Richard L. Small, Qualifying Broker					
			Broker (\mathbf{X}) is () is	is not a Realt	or®
Broker Name (Please Print)					
Broker Signature	Date	Time			





Application for Tenancy of Residential Property

E-mail Completed Application & Related Documents to richard@box133.com or Fax to 888-875-8717

Application for Tenancy

2111 Corte de Caballo, NV					_
Address of Property being applied for					
Albuquerque, NM 87120 City of Property being Applied for		· · · · · · · · · · · · · · · · · · ·			-
ony or reporty boing replica to					
Monthly Rent Amount	_	Desi	red Move-In Date		-
Desired Term of Lease/Rental Agree	nent (in months)				
Amount of Application Fee Submitted	-	Amo	unt of Earnest Money	Submitted, if any	-
1) All persons 18 years of age 2) All applicants must submit a				rty must submit ar	n application;
3) For reasons of safety and s				exceed two (2) pe	r bedroom;
4) All applications are process					
5) Applications submitted with					
(applied to security deposit, if 6) Pets are accepted only on					
pets or those known to be					
Shepherds, Doberman Pinch					
PLEASE NOTE THAT A VIC					
THE IMMEDIATE TERMINAT					
7) The combined gross (before	e tax) monthly n	iousenoia incon	ne must equal or	exceed three (3) i	times the monthly rent.
Applicant's Signature	Date	Applicant's Sign	nature	Date	
Applicant Name (Please Print)		Applicant Name	(Please Print)		
Tippineant reams (t. 1989) Timiy		, pp. iouni rium	(1000011111)		
	The Folic	owing Area is	s For Office U	se Only	
Application received by:	□ Mail	□ Fax	□ E-mail	□ By Hand	
Date and Time Received		Rv M	/hom Received		
Date and Time Received		Dy vi	TIOTH NOODIVEG		





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 <u>last three</u> 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.

3,711 1,71	Applio	cant No	of _	Info	rmation		
Applicant Name (Places Print)							
Applicant Name (Please Print)							
Current Address		City		State		Zip Code	
Date of Birth Social	al Security Number	 er	Driver's Li	cense Number	·	State	-
☐ This applicant will be the contact for Advantage Pointe Advantage Pointe Properties communication to or from all	e Properties, L s, LLC. Comm	LC as regard unication to d	ds all como	munications l Primary App	between the	e applicant	t(s)/tenant(s) and
☐ This applicant is active m	nilitary and ma	y be subject	to involunt	ary redeploy	ment.		
$\ \square$ If primary applicant, appl means.	icant agrees to	o accept all c	ommunica	tions, as app	olicable and	appropria	te, via electronic
		□ Ce	II/Mobile	☐ Home	☐ Work		
Primary Phone Number (including A	Area Code) Ex	xt. Please	check one of	the above.			
Alternate Phone Number (including	Area Code) Ex		II/Mobile check one of	☐ Home the above.	□ Work		
		□ Ce	II/Mobile	☐ Home	□ Work		
Alternate Phone Number (including	Area Code) Ex	xt. Please	check one of	the above.			
E-mail Address of Applicant							





Application for Tenancy of Residential Property

Residence History

At cur	rent address from	/			_ to	_/	/	
Name o	f Current Landlord or Manage	ement Con	npany				Monthly Rei	nt or Mortgage
Voice a	nd Fax Phone Numbers of Cu	urrent Land	llord or Manage	ement C	Company			
Previous	s Address, if at current addre	ss for less	than two years		City		State	Zip Code
At pre	vious address from	/	/		_ to	/	/	
Name o	f Previous Landlord or Manaç	gement Co	mpany				Monthly Rei	nt or Mortgage
Voice a	nd Fax Phone Numbers of Pr	evious Lar	dlord or Manag	gement	Company	· · · · · · · · · · · · · · · · · · ·		
			Emplo	ymeı	nt & In	come	History	
Employe	ed By							
Emplo	yed from/	/	to	·		/		
Name o	f Supervisor				-	Superv	isor Phone Nur	mber
\$ Gross (I	pefore tax) Monthly Income		\$	ther Inc	come (Pro	ovide Sup	porting Docum	entation)
Previous	sly Employed by, if at current	employer	for less than tw	o years	<u> </u>			
Emplo	yed from/		to		/	/		
Name o	f Supervisor				-	Superv	isor Phone Nur	mber
\$								
Gross (I	pefore tax) Monthly Income							
						nforma o <u>t</u> check	ation (if False)	
	I have previously filed Year Filed:			:	_/	/		
	I have been convicted provide current inform				-	-		
	I have been convicted	d of man	ufacturing ar	nd/or (distribut	ing an il	legal or	
	n Dancer Drive, NW			I	Page 5 of	f 12		





Application for Tenancy of Residential Property

	controlled substance.								
	I am currently undergoing treatmen Facility or Treatment Provider: Facility or Treatment Provider Phor			_					
	If not a legal resident of the United States of America. If this box is che				ne United				
	I have previously been or am being	I have previously been or am being evicted from a rental property.							
	I have previously broken or am bre	aking a lease or ren	tal agreement.						
	I currently owe my current or a prevunpaid charges resulting from my to	•	st due rent or						
	Applica	ant No o	f Infor	mation					
Name									
Curren	t Address	City	State	Zip Code	;				
Date of	f Birth Social Security Number	Driver's	License Number	State					
Advar Point	nis applicant will be the Primary Applic ntage P oi te Pro p rties, LLC as regar e Properties, LLC. Communication to all Applicant(s)/Tenant(s) of the prope	ds all ommunication or from the Primary	ns between the	applicant(s)/tenar	nt(s) and Advantage				
□ Tr	nis applicant is active military and may	be subject to redep	loyment.						
☐ If property of the second o	primary applicant, applicant agrees to s.	accept all communi	cations, as appl	icable and approp	riate, via electronic				
Primar	y Phone Number (including Area Code) Ext		of the above.	□ Work					
Alterna	ate Phone Number (including Area Code) Ext	☐ Cell/Mobile ∴ Please check one		□ Work					
Alterna	ate Phone Number (including Area Code) Ext	Cell/Mobile Dlease check one		□ Work					
Applica	ant's E-mail Address								

Residence History

Page 6 of 12





Application for Tenancy of Residential Property

□ Sar	me as Applicant No							
At curr	ent address from	_/	<u></u>		_ to	_/		
Name of	f Current Landlord or Manage	ement Comp	pany				Monthly Ren	nt or Mortgage
Voice ar	nd Fax Phone Numbers of Cu	rrent Landlo	ord or Manag	gement (Company			
Previous	s Address, if at current address	ss for less th	nan two year	'S	City		State	Zip Cod
At prev	vious address from	/	/		to	/_	/	
Name of	f Previous Landlord or Manaç	jement Com	ipany				Monthly Ren	nt or Mortage
Voice ar	nd Fax Phone Numbers of Pr	evious Land	lord or Mana	agement	Company	, ,		
			Emplo	oyme	nt & In	come	History	
Employe	ed By	 						
Emplo	yed from/		t	to	/_	_/		
Name of	f Supervisor				_	Superv	sor Phone Nur	nber
\$ Gross (b	pefore tax) Monthly Income			\$ Other In	come (Pro	ovide Sup	porting Docume	entation)
Previous	sly Employed by, if at current	employer fo	r less than t	wo years	S			
Emplo	yed from/		t	to	/	/_		
Name of	f Supervisor				_	Superv	sor Phone Nur	nber
\$ Gross (b	pefore tax) Monthly Income				ound li e; <u>do no</u>		ation (if False)	
	I have previously filed Year Filed:			d:	/		· · · · · · · · · · · · · · · · · · ·	
	I have been convicted provide current inform			-	-	-		
	I have been convicted controlled substance.		facturing a	and/or	distribut	ing an il	legal or	





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	I am currently und Facility or Treatm Facility or Treatm		•		····			
	I have previously	been evicted or a	am being evicte	d from a renta	al property.			
	I have previously	broken or am bro	eaking a lease c	or rental agree	ement.			
	I currently owe my from my tenancy.	•	vious landlord f	or past due re	ent or unpaid charges	resulting		
			Genera	l Information	on			
Applica	nt(s) request appro	oval for the follow	ving pets:					
□ Dog	□ Cat □ Fish	n 🗆 Bird 🗆 C	other – Describe	e:				
If any p	ets will be residing	on the property,	applicant must	complete pet	information found on	last page of this application		
	of Occupants (Exc ge 18: (Please Print N				f Occupants Under Agnt Name, Relationship and			
			 					
								
Vehicle	s to be Parked at I	Property:	-					
Make & N	Model	Year	Color	State	Tag Number			
Make & N	Model	Year	Color	State	Tag Number			
Make & N	Model	Year	Color	State	Tag Number			
Make & N	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	R	elationship to Applica	nt				
Reference #2 Address	City	State	Zip Code				
Reference #2 Phone Number	Reference #2 E-mail Address						
Reference #3 Name	R	elationship to Applica	nt				
Reference #3 Address	City	State	Zip Code				
Reference #3 Phone Number	Reference #3 E-mail Address						
	Emergency Co (must be other than a c						
Contact Name	R	elationship to Applica	nt				
Contact Address	City	State	Zip Code				
Contact Phone Number	Contact F-mail Address						





Application for Tenancy of Residential Property

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
		0	
Applicant Name (Please Print)		Applicant Name (Please Print)	





Application for Tenancy of Residential Property

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): Type Breed	Pet #1	Pet #2	Pet #3	Pet #4
Age				
Gender Weight	☐ Male ☐ Female			
Assistive Animal?	□ Yes □ No			
Tank Size (gallons) Color Name Rabies Tag: Number Issue Date Issuing Authority				
Registration Tag No. Issue Date Issuing Authority				
Spayed or Neutered?	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
			Applicant l	nitials