



212 W. Stevens, Carlsbad, NM 88220  
Office:1-575-885-2138  
Fax: 1-575-885-6809

## Rental Application

No application will be processed without the following items:

Application \_\_\_\_\_ Legible Copy Of Driver's License \_\_\_\_\_ Proof Of Income \_\_\_\_\_  
Background Check \_\_\_\_\_

### Instructions

*A separate application must be filled out by each applicant (even if married), for anyone over the age of 18.*

### Personal

Applicant (Full Legal Name) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SS# \_\_\_\_\_ Driver's License State Issue by \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Phone # \_\_\_\_\_

### Addresses

**Present Address** \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Since \_\_\_\_\_ Rent/Month \_\_\_\_\_  
Present Landlord \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Landlord Phone # \_\_\_\_\_  
Is present rent up to date? \_\_\_\_\_ Have you given notice? \_\_\_\_\_  
Have you been asked to leave? \_\_\_\_\_

**Previous Address** \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Since \_\_\_\_\_ Rent/Month \_\_\_\_\_  
Previous Landlord \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Landlord Phone # \_\_\_\_\_  
Was rent up to date? \_\_\_\_\_ Had you given notice? \_\_\_\_\_  
Had you been asked to leave? \_\_\_\_\_

**Next Previous Address** \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Since \_\_\_\_\_ Rent/Month \_\_\_\_\_  
Previous Landlord \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Landlord Phone # \_\_\_\_\_  
Was rent up to date? \_\_\_\_\_ Have you given notice? \_\_\_\_\_  
Had you been asked to leave? \_\_\_\_\_

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### Occupants

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Number to Occupy \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

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### Pets

Do you have pets? \_\_\_\_\_ If yes, how many? \_\_\_\_\_  
Type of pet? \_\_\_\_\_ Vaccinations Current? \_\_\_\_\_  
Is this pet registered? \_\_\_\_\_

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### Vehicles

1. Make/Model/Color \_\_\_\_\_  
State License Plate # \_\_\_\_\_  
2. Make/Model/Color \_\_\_\_\_  
State License Plate # \_\_\_\_\_  
3. Make/Model/Color \_\_\_\_\_  
State License Plate # \_\_\_\_\_

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### Employment

**Current Employer** \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
Phone # \_\_\_\_\_ Address \_\_\_\_\_ Street/City/Zip \_\_\_\_\_  
Position \_\_\_\_\_ Wrk. Hrs. \_\_\_\_\_ Since \_\_\_\_\_  
What do you do? \_\_\_\_\_  
**Previous Employer** \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
Phone # \_\_\_\_\_ Address \_\_\_\_\_ Street/City/Zip \_\_\_\_\_  
Position \_\_\_\_\_ Wrk Hrs. \_\_\_\_\_ Since \_\_\_\_\_  
What did you do? \_\_\_\_\_

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### Income

Income \$ \_\_\_\_\_ Weekly/Biweekly/Monthly/Yearly Source \_\_\_\_\_  
Income \$ \_\_\_\_\_ Weekly/Biweekly/Monthly/Yearly Source \_\_\_\_\_

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**References**

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|                           |                      |                   |
|---------------------------|----------------------|-------------------|
| <b>Relative</b> _____     | Relation _____       | Phone # _____     |
| Address _____             | City/State/Zip _____ | Known Since _____ |
| <b>Non-Relative</b> _____ | Known How _____      | Phone # _____     |
| Address _____             | City/State/Zip _____ | Known Since _____ |
| <b>Non-Relative</b> _____ | Known How _____      | Phone # _____     |
| Address _____             | City/State/Zip _____ | Known Since _____ |

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**Additional Information**

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**Explain any "YES" answers on the back of this application, include names and details.** Has any  
signer ever been sued for bills? \_\_\_\_\_ Has any  
signer ever been bankrupt? \_\_\_\_\_ Has any  
signer ever broken a lease? \_\_\_\_\_ Has any  
signer ever been sued for eviction? \_\_\_\_\_ Has any  
signer ever been guilty of a felony? \_\_\_\_\_ Is the

total move-in amount available now (rent & deposit)? \_\_\_\_\_

Applicant authorizes Dunagan Associates or owners to contact past and present landlords, employers, creditors, credit bureau, neighbors and any other sources deemed necessary to investigate applicant. **Initial** \_\_\_\_\_

All the information is true, accurate and complete to the best of the applicant's knowledge. Dunagan Associates or owners, reserve the right to disqualify tenant if information is not as represented. **Initial** \_\_\_\_\_

**ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.**

X \_\_\_\_\_ Date \_\_\_\_\_

**Applicant Signature**