



# RENTAL APPLICATION

## FOUR HILLS APARTMENTS

2595 Mars Avenue, Las Cruces, New Mexico 88012

Telephone: (575) 382-0500 • Fax: (575) 382-2005

The undersigned hereby makes application to rent Residence # \_\_\_\_\_ at Four Hills Apartments for a lease term of \_\_\_\_\_ months, commencing on \_\_\_\_\_, 20\_\_\_\_, at a monthly rental rate of \$\_\_\_\_\_.

**NOTE:** Each co-applicant must complete a separate Rental Application form. PLEASE PRINT.

### PART I: HOUSEHOLD COMPOSITION

# of Applicants	Last Name	First Name, MI	Category	Full-Time Student YES or NO	Single Married Divorced SeParated Engaged	Birth Date	Social Security Number
1			HOH	<input type="checkbox"/> Y <input type="checkbox"/> N			
2				<input type="checkbox"/> Y <input type="checkbox"/> N			
3				<input type="checkbox"/> Y <input type="checkbox"/> N			
4				<input type="checkbox"/> Y <input type="checkbox"/> N			
5				<input type="checkbox"/> Y <input type="checkbox"/> N			
6				<input type="checkbox"/> Y <input type="checkbox"/> N			

### PART II: STUDENT STATUS

- Are all household members full-time students, or planning to become full-time students within the next 12 months?  YES  NO  
If YES to the above, please answer the following:
- Is the household comprised of a single parent with school-age child(ren), none of whom are dependent on a third party, other than the other parent?  YES  NO
- Are the HOH and co-applicant married, and do they file a joint income tax return?  YES  NO
- Does the household receive AFDC or TANF, or other benefits under Title IV?  YES  NO
- Does the household receive Food Stamps?  YES  NO
- Are any of the students participants in the Job Training Partnership Act, or other similar Workforce Investment Acts?  YES  NO
- Do any of the students receive scholarships, PELL grants, or other cash grants or assistance?  YES  NO
- Was the household previously under the care and placement responsibility of the local county children services agency (i.e. foster care)?  YES  NO

- OWN  RENT  HOMELESS  
 LIVING WITH FAMILY

### PART III: RENTAL HISTORY

\_\_\_\_\_  
Current Street Address      Current City, State, Zip (required)      How Long?      Reason for Leaving

\_\_\_\_\_  
Monthly Payment, Including Utilities      Name of Landlord      Landlord Telephone or Fax

\_\_\_\_\_  
Home Telephone      Work Telephone       YES  NO      If Yes, please describe

\_\_\_\_\_  
E-mail Address

**IF RESIDENCY AT THE ABOVE LOCATION HAS BEEN LESS THAN 2 YEARS, PLEASE COMPLETE THE FOLLOWING:**

\_\_\_\_\_  
Previous Street Address      Previous City, State, Zip (required)       OWNED  RENTED      Reason for Leaving

\_\_\_\_\_  
Monthly Payment, Including Utilities      Name of Landlord      Landlord Telephone or Fax

**PART IV: CREDIT REFERENCES**

\_\_\_\_\_ *Bank Name*      \_\_\_\_\_ *Checking Account Number*      \_\_\_\_\_ *Savings Account Number*      \_\_\_\_\_ *Visa Account Number*

\_\_\_\_\_ *Driver's License Number*      \_\_\_\_\_ *State Issued*      \_\_\_\_\_ *Expires*      \_\_\_\_\_ *Vehicle Make & Model*      \_\_\_\_\_ *Year*      \_\_\_\_\_ *Plate Number*

**HAVE YOU EVER:**

Filed for Bankruptcy?       YES       NO      \_\_\_\_\_  
*If Yes, please explain*

Been Evicted from Tenancy?       YES       NO      \_\_\_\_\_  
*If Yes, please explain*

Been Arrested for, or Convicted of, a Felony or Misdemeanor?       YES       NO      \_\_\_\_\_  
*If Yes, please explain*

**APPROXIMATE MONTHLY AMOUNT(S) OF RECURRING EXPENSE(S):**

\$ \_\_\_\_\_ *Car Payment(s)*      \$ \_\_\_\_\_ *Credit Card(s)*      \$ \_\_\_\_\_ *Loan(s)*      \$ \_\_\_\_\_ *Car Insurance*      \$ \_\_\_\_\_ *Other*

\_\_\_\_\_ *Emergency Contact Name & Phone Numbers*      \_\_\_\_\_ *Relationship to Emergency Contact*

**PART V: CRIMINAL BACKGROUND**

**Have you ever been Arrested for, or Convicted of, a Felony or Misdemeanor?**       YES       NO  
*If Yes, please explain*

Kay-Kay Realty Corp. has a policy to review individual criminal history on a case-by-case basis without predetermined approval or rejection criteria as to the history itself. However, failure to accurately disclose is a basis for rejection. Please provide an accurate disclosure of any history of criminal background, including felony and misdemeanor arrests and convictions in the past 10 years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PART VI: RECURRING INCOME

**CHECK ALL THAT APPLY:**  Employed Full-Time  Employed Part-Time  Self-Employed  Non-Employed  Unemployed  Retired

<i>Current Employer</i>	<i>Position</i>	<i>How Long?</i>	<i>Supervisor's Name</i>
<i>Telephone Number</i>	<i>Fax Number</i>	<i>Address</i>	

**CURRENT WAGES (must include anticipated overtime and bonuses):**

Hourly Wage Rate: \$ \_\_\_\_\_ Avg. Hours Worked Per Week: \_\_\_\_\_ Estimated Monthly Gross Earnings: \$ \_\_\_\_\_

Do you regularly get tips, commissions, bonuses or other compensation?  YES  NO If Yes, \$ \_\_\_\_\_ per \_\_\_\_\_

Do you have more than one job?  YES  NO *(If Yes, you will need to provide details on a separate form)*

**OTHER INCOME:** *Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount, if applicable.*

“Other”  
Monthly Income

Alimony/Child Support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
AFDC/TANF	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Food Stamps	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Social Security/Disability	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Retirement/Pensions/Annuities	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Unemployment	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Worker's Compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Recurring Gifts from Family	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Grants & Scholarships	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Other Recurring Monies	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____

## PART VII: ASSETS

**ASSETS:** *Program regulations require that all assets be disclosed in order to determine qualification. Necessary personal property such as clothing, furniture, daily use automobiles, jewelry, dishes, etc. need not be disclosed.*

	Value	Estimated Annual Earnings Per Asset
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Cash	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
Checking Account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
Prepaid Debit Card Account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
Savings Account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
Money Market, CDs and other	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
Stocks/Bonds	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
IRA, 401(k), Keogh	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
Real Estate	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
Boat, Trailer, Recreational Vehicle	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
Life Insurance Policies	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
Other Assets	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____

**ASSET TOTALS:** \$ \_\_\_\_\_ \$ \_\_\_\_\_

*Has any member of the household disposed of an asset of more than \$1,000 for less than fair market value within the last 24 months?*  YES  NO

**PART VIII: SECTION 8 HOUSING ASSISTANCE**

Do you receive Section 8 assistance?  YES  NO (If Yes, please complete the rest of this section)

\_\_\_\_\_  
*Name of Caseworker*      \_\_\_\_\_  
*Telephone of Caseworker*      \_\_\_\_\_  
*Voucher Amount*      \_\_\_\_\_  
*Last Recertification Date*

\_\_\_\_\_  
*Approved Residence Size*      \_\_\_\_\_  
*Number of Adults*      \_\_\_\_\_  
*Number of Children*

**PART IX: PEST DISCLOSURE**

Have you been exposed to bedbugs or cockroaches in your current or prior residences?  YES  NO

IF YES: Date Treated \_\_\_\_\_

Has the treatment been effective?  YES  NO

Do you currently have them?  YES  NO

What steps will you take to avoid bringing them with you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART X: FAIR HOUSING DISCLOSURE**

*Kay-Kay Realty Corp. endeavors to remain in compliance with all laws pertaining to Fair Housing and the Americans with Disabilities Act. Requests for accommodation to our Policies and Procedures or modification to our property should be made in writing, if possible, to avoid miscommunication.*

*Below, please check any that apply:*

- I require an accessible residence.
- I have a service animal.
- I need to discuss accommodations or modifications.

**PART XI: CERTIFICATION**

I hereby apply to lease the above-described premises on substantially the terms set forth herein. As an inducement to Kay-Kay Realty Corp., agent for the owner of the community, to accept this Rental Application, I certify that all information contained herein is true, complete and accurate. Material falsification of information provided may result in the denial of this application or in the termination of the Lease Agreement.

I understand that changes in household size are not permitted without management authorization. I hereby certify that I do not anticipate any changes in household composition during the initial term of the lease.

I hereby deposit \$\_\_\_\_\_ as an earnest deposit to be refunded to me in full within ten (10) business days if this application is not approved and accepted. I hereby waive any claim to damages by reason of non-acceptance.

Upon acceptance of this application, this deposit shall be applied to the move-in costs. When so approved and accepted, I agree to execute a Lease Agreement before possession is delivered, and to pay the balance of the security and other move-in costs. ONCE APPROVED, IF I FAIL TO TAKE POSSESSION OF THE RESIDENCE BY THE DATE AGREED UPON, THE DEPOSIT WILL BE FORFEITED.

Landlord reserves the right to require additional refundable security deposits or to decline the application based upon its qualification standards for the community. If additional refundable deposits are required, I understand that I will have 24 hours to accept the unit and post the additional deposit, or it may be leased to another party. I also understand I may appeal a decision to deny this application or deposit requirements by emailing the Leasing Committee at [LC@kay-kay.biz](mailto:LC@kay-kay.biz) or writing via US Mail to Kay-Kay Realty Corp., Attention: Leasing Committee, 6908 E. Thomas Road, Suite 300, Scottsdale, Arizona 85351.

By execution of this Rental Application, I hereby authorize Kay-Kay Realty Corp., or its agent, to make such investigations into my credit, employment, rental, and criminal history as they may deem appropriate, and release all parties from all liability for any damage that may result from their furnishing information to you. I acknowledge credit and/or criminal background information will be obtained from LexisNexis® Resident Screening Solutions, Inc., and understand that LexisNexis will not participate in the decision to approve or reject this application.

I understand that this community limits the number of occupants to two persons per bedroom.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

I certify that I have received a copy of HUD forms 5380 and 5382. \_\_\_\_\_

(Applicant must initial here in the presence of community manager upon receipt of these forms.)