

Rental Application

River Oaks Apartments, 210 W Riverside Dr., Carlsbad, NM 88220

Fax completed form to (719) 667-5296 (no cover necessary)

A Non-Refundable \$25 Application Fee, payable to Lakeview, LLC, is required for all applicants. Mail or deliver to 210 W Riverside Dr. #40, Carlsbad, NM 88220

Desired Apartment Size	<input type="checkbox"/> 1 bed <input type="checkbox"/> 2 bed <input type="checkbox"/> 3 bed	Desired Move in Date	/ /
		Apartment Type	<input type="checkbox"/> Furnished <input type="checkbox"/> Unfurnished
Desired Lease Term	<input type="checkbox"/> mo/mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo	Phone	Email

Apartment Occupants

Name (Head of Household)	1. <input type="checkbox"/> Male	Birth Date	Social Security Number
	2. <input type="checkbox"/> Female		
Name/Relationship	1. <input type="checkbox"/> Male	Birth Date	Social Security Number
	2. <input type="checkbox"/> Female		
Name/Relationship	1. <input type="checkbox"/> Male	Birth Date	Social Security Number
	2. <input type="checkbox"/> Female		

Present Address				How long at present address?	
Street	City	State	Landlord	Phone	

Previous Address				How long at previous address?	
Street	City	State	Landlord	Phone	

EMERGENCY CONTACT INFO:				How long at previous address?	
Name	Phone	Email	City/State	Relationship	

TOTAL HOUSEHOLD INCOME

1. 20,000 – 29,999 3. 40,000 – 49,999

2. 30,000 – 39,999 4. 50,000 – 59,999 5. 60,000+

EMPLOYMENT

Name of Employer	Address	How Long?	Bus. Phone
Former Employer	Address	How Long?	Bus. Phone
Spouse Work Yes No	Occupation	Address	How Long? Bus. Phone

REFERENCES

BANK(S)	Name	Address	City	Type of Account(s) 1. <input type="checkbox"/> Checking 2. <input type="checkbox"/> Savings 3. <input type="checkbox"/> Loan
	A	Number		
CREDIT	Name	Address	City	Type of Business
	A	Number		Type of Business
PERSONAL	Name	Address	City	Relationship
	A	Number		Relationship

CHECK ONE IN EACH OF THE FOLLOWING AREAS

Former Residence				Why are you moving?			
1. <input type="checkbox"/> Out of State	2. <input type="checkbox"/> Out of town (in state)	3. <input type="checkbox"/> Local	4. <input type="checkbox"/> Condominium	5. <input type="checkbox"/> Apt community	6. <input type="checkbox"/> duplex - rent	7. <input type="checkbox"/> Home -rent	8. <input type="checkbox"/> Mobile home
				5. <input type="checkbox"/> Home - owned	6. <input type="checkbox"/> Mobile home	7. <input type="checkbox"/> Other _____	8. <input type="checkbox"/> Establishing new household

Vehicles

Type _____ Year _____	Make _____	License _____	Dr. Lic. No _____ State _____ Exp. _____
Type _____ Year _____	Make _____	License _____	Dr. Lic. No _____ State _____ Exp. _____

CREDIT: A credit report on applicant(s) may be obtained by Agent on behalf of Owner prior to execution of a lease. By signing below, applicant consents to obtaining of such credit report

INSURANCE: Owner and Agent carry no insurance on the personal property of tenants. It is recommended that you obtain renter's insurance.

Applicant represents and warrants that all of the information provided in this application is true and accurate. Applicant acknowledges that any future agreements predicated upon false application information may be terminated at no cost to Owner.

Applicant _____ Date _____

Applicant _____ Date _____ Agent _____