

GRECO RENTALS
1001 E. UNIVERSITY AVE. SUITE G
LAS CRUCES, NM 88001
(575) 522-5818 FAX (575) 522-3103

APPLICATION CHECKLIST

- ___ 1. APPLICATION**
- ___ 2. RENTAL HISTORY VERIFICATION**
- ___ 3. EMPLOYMENT HISTORY**
- ___ 4. \$300 DEPOSIT MUST BE A MONEY ORDER**
- ___ 5. \$35 APPLICATION FEE MONEY ORDER**
- ___ 6. ONE MONTH OF MOST RECENT PAYCHECKSTUBS**

APPLICATION PROCESS TAKES 24-48 HOURS

ALL LEASE HOLDERS MUST BE EMPLOYED

**ALL LEASE HOLDERS MUST HAVE RENTAL HISTORY,
IF NOT MUST HAVE A CO-SIGNER.**

*****\$300 DEPOSIT & \$35 APPLICATION FEE MUST BE
ON TWO SEPARATE MONEY ORDERS*****

RESIDENTIAL RENTAL APPLICATION

Individual applications are required for each lease holder. Please make sure to look back over application once you have completed all forms. Incomplete information will delay application process. Please **PRINT** clearly.

Date of Application: _____ Desired Move-in date: _____ Desired lease term: _____

Address applying for: _____ Are you currently in a lease? _____ Pets? _____

Number of people who will be living in the apartment? Adults: _____ Children: _____

How did you hear about Greco Rentals? (Website, Newspaper, Friend, Etc.) _____

Personal Information

First Name: _____ Middle: _____ Last: _____

Contact Number: _____ Date of Birth: _____

Social Security #: _____ Driver's License : _____ State : _____

Current Address: _____ City/State/Zip: _____

Have you ever been convicted of a felony? _____ If yes what for? _____

Rental History

Landlord: _____ Phone: _____ How long at this address? _____

Reason for moving: _____

Address: _____ City/State/Zip: _____

School /Employment Information

Are you a student ? Yes ___ No ___ School Attending? _____

Employed: F/T: _____ P/T: _____ Employed By: _____

Employer's Address _____ City/State/Zip _____ How Long _____

Phone#: _____ Position Held: _____ Supervisor: _____

Present income:\$ _____ Per _____ Other income:\$ _____ Source: _____

Vehicle Information

Make/ Model/Year/Color _____ Plate#: _____ State: _____

Make/ Model/Year/Color _____ Plate#: _____ State: _____

In Case of Emergency

Name: _____ Relationship: _____ Phone#: _____

Address: _____ City/State/Zip _____

BY SIGING BELOW, I UNDERSTAND THE FOLLWING CONCERNING THIS APARTMENT

1. If my income or credit is not sufficient, I understand I will be required to have a Co-signer who will guarantee the rent payments and be responsible for any damages. (Note Co-signer must also fill out a co-signer application and be approved.) I agree to provide GRECO Rentals with a qualified co-signer, should it be required. If I should be unable to provide a qualified co-signer, if approved I will be asked to pay two months in advance.
2. If, after 48 hours of being approved, I decide not to rent this apartment, I agree to pay an administrative fee of \$300.00. If I cannot be approved, my deposit will be returned to me.
3. If approved, all utilities must be turned on before I receive keys to move into the apartment and a copy of the receipts must be provided to the GRECO office.
4. All rent is due on the 1st of the month and considered late after the 3rd• There are no exceptions and no arrangements can be made to change the due date. For safety reasons, payments cannot be made in cash and will only be accepted in the form of a check or money order!!!!
5. NO parties!!! This is not a party complex.
6. NO Pets, no animals of any type/kind are allowed. No exceptions, including visitor's pets.
7. No water beds are allowed on the second or third floor apartments.
8. I authorize GRECO Rentals to do a credit and reference check in order to verify and approve my application. By signing this application, I also agree to abide by the entire Rental agreement. The undersigning person (s) represent that all of the above statements are true and complete and hereby authorize verification of such information. False information given above shall be grounds for the owner's rejection of this application and termination of rights of occupancy. Should any statement be misrepresentation or not a true statement of facts; the \$300.00 deposit will be retained to offset the agent's cost, time and effort in processing your application. I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of the investigation process and the findings thereof

Applicant's Signature

Date

For Office use only- Do not write below this line

Date tenant is to move in: _____ Date rent is to start: _____

Amount of rent to be paid when keys are picked up: _____ Rent per month \$ _____

Amount of deposit\$ _____ Date/Receipt#; _____ Lease term ends: _____

***Copy given prior to approval? _____ Date: _____ Initials: _____

Approved ____ Denied ____ Co-signer needed ____ Last month's rent req'd _____

Application accepts these terms: _____ Any special offered? _____

GRECO Rentals
Rental Verification
Authorization Form
1001 E. University Ave. Suite G
Las Cruces N.M 88001
(575) 522-5818 Fax (575) 522-3103

Date: _____

I (We) _____ authorize
(Signature)

GRECO Rentals, to contact my (our) previous landlord to obtain rental information.

Please fax us at (575) 522-3103 or call us at (575) 522-5818 with rental history on:

Name: (Please print) _____

Address: _____

Name & Phone number of landlord: _____

How long did they rent from you: _____

How much did they pay in rent: _____

Did they pay on time? _____ Number of late payments? _____

Did they give proper notice before moving out? _____

Would you rent to them again? _____

What was the condition of their unit/house: _____

Additional comments: _____

Information came from:

Manager: _____ Landlord: _____

Leasing Agent: _____ Other: _____

Thank you for your time!!!!!!!!!!!!

GRECO Rentals

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(575) 522-5818 Fax (575) 522-3103

Employment Verification Request Form Release Authorization

In connection with my rental application with you, I understand that an investigative consumer report may be requested that will include information as to my character, credit and past tenant history.

I voluntarily and knowingly authorize any present or past landlord, administrator, law enforcement agency, staff agency, private business, personal reference and/or other persons to give records or information they may have concerning my criminal history, credit history, character and employment history or any other information requested by GRECO Rentals. I voluntarily and knowingly release any named or unnamed information from any and all liability resulting from the furnishing from any and all liability resulting from valid for one year from the dated signed and photographic or faxed copy of this authorization shall be as valid as the original.

Print Name

Signature

GRECO Rentals
(Community)

Date

Employment Information

Date applicant started: _____ Is he/she currently employed by you? _____

Gross Monthly income: _____ Bonus tips: _____

Date

Person Completing form & Title

Please fax this information back to (575) 522-3103.

Thank You!