

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

**APPLICATION CHECK LIST**

- \_\_\_\_ 1.APPLICATION**
- \_\_\_\_ 2.RENTAL HISTORY VERIFICATION**
- \_\_\_\_ 3.EMPLOYMENT HISTORY**
- \_\_\_\_ 4. \$200 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 HOLDER MUST HAVE RENTAL HISTORY, IF  
NOT MUST HAVE A CO-SIGNER**

**\*\*\*\$200 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 I decide not to rent this apartment after being approved, I agree to pay an administrative fee of \$200.00. 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 1<sup>st</sup> of the month and considered late after the 3<sup>rd</sup>. 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 \$200.00 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**

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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**  
1001 E. University Ave. Suite G  
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**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.

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**Print Name**

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**Signature**

**GRECO Rentals**  
**(Community)**

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**Date**

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**Employment Information**

**Date applicant started:** \_\_\_\_\_ **Is he/she currently employed by you?** \_\_\_\_\_

**Gross Monthly income:** \_\_\_\_\_ **Bonus tips:** \_\_\_\_\_

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**Date**

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**Person Completing form & Title**

**Please fax this information back to (575)522-3103**  
**Thanks You!!!!!!**