

# Sky

# Management and Insurance, Inc.

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## Application to Lease

Init term / rent /SD
Sky emp _____
Applicant _____

MY NAME IS: \_\_\_\_\_ MY BEST CONTACT # IS (\_\_\_\_) \_\_\_\_\_

I am applying for (Address) \_\_\_\_\_ (Unit) \_\_\_\_\_ RENT \$/mo \_\_\_\_\_ Security Dep \$ \_\_\_\_\_

Term of lease \_\_\_\_\_ months. **Special Offer (w/ qualifying conditions) in effect?**  YES Offer specifics: \_\_\_\_\_  NO



Each Adult (18 yrs.+ ) who will live in the apartment or house must complete and sign an application. \$30.00 non-refundable application fee: [Cash or bank certified funds]

If approved, each adult will sign the lease. Security Deposit, rent, and *pet fees* (if applicable) are due in certified funds at signing. [We do not accept cash or money orders for security deposit or rent.]

**Utility Confirmation #s are required to sign lease. Signings are by appointment and typically take 35 minutes. For houses: renters' insurance is required; and you must use our online payment system to pay rent.**

I understand that the lease requires me to stay and pay for the entire term of the lease \_\_\_\_\_ (initials)

I have seen the property I am applying to lease \_\_\_\_\_ (initials) [Required to process app.]

I have an unpaid eviction or judgment from a previous landlord  NO  Yes (Stop – App. will be declined if not paid.)

I am subject to a current lease with a previous landlord  NO  Yes (Stop - talk to a Sky employee)

My record will show a felony conviction  NO  Yes (Felony w/ violence, sex, drug trafficking, or child – will be declined)

Your application does **not** "hold" the property. An **approved application** and a **Full Security Deposit** (within 1 business day of approval) are required to hold the property. Two weeks is the **MAXIMUM** hold on a residence.

[NOTE: Some specials require lease signing / possession upon approval]

If an approved applicant decides against moving in, "off the market" days (prorated from monthly rent and starting the day of approval) are subtracted from security deposit returned.

If the application is not approved, the security deposit will be returned. Any returnable deposit not picked up within sixty (60) days becomes the property of Sky Management and Insurance, Inc.

*We shred applications and personal information after 60 days if they do not become part of a lease.*

All of our properties that accept pets have a \$200 fee per pet (no refund.) Max 2 pets. Each pet cannot exceed 40 pounds & breed restrictions do apply. Vet' confirmation of breed and current vaccination is required. Current licensinq is required.

Do you have a pet or pets?  YES (fill in details below) Please **bring the animal** when you apply.  NO

Are your pets' vaccination, and licensing current?  YES  NO

Number of pets \_\_\_\_\_ Breed(s) \_\_\_\_\_ Weight (s) \_\_\_\_\_

Do you have a service animal?  YES  NO

What task has the service animal been trained to perform? \_\_\_\_\_

"Therapy" animals require a letter from your physician. **Attach a copy of the letter (and animal certification if applicable)**

Do you smoke?  NO  Yes, but I know indoor smoking isn't allowed. \_\_\_\_\_ Initials

Complete the next page; enter your name and current address at the top of the third page.

Make sure to sign the bottom of each page

Each application requires applicant's (government issued) Picture I.D. (to be photo copied)

Second form of I.D. (this could be a debit card) – photo not necessary (to be photo copied)

Each application requires applicant's Proof of Income (for example a recent pay stub)

The undersigned as applicant hereby represents and warrants that the foregoing statements are true and correct. Upon execution of a Rental Agreement, this Rental Application shall become part of the Rental Agreement. Any false statements herein shall constitute "breach of terms" and are grounds for immediate eviction proceedings.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_  Name \_\_\_\_\_

**Who should we contact with approval / denial decision?**  contact Me *or*  contact the party applying with me Ph \_\_\_\_\_

Mailing and Office: 4217 San Mateo Blvd NE, Albuquerque, NM, 87110

Office: (505) 332-2722 • Fax: (505) 332-2730 • Recorded Maintenance Line: (505) 332-2149

[www.skyabq.com](http://www.skyabq.com)

<https://www.facebook.com/SkyManagementandInsurance/>

# Sky Management and Insurance, Inc.

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**Dear Future Resident, Please tell us about yourself:**

Last Name		First Name		MI	Birth date	
Email		Driver Lic. #		Lic. State		SSN
Cell Ph. #		Yrs & months at current address		Number of vehicles to be parked at residence		Only one vehicle per adult resident is allowed in front of residence.
Current address (street)		Make		Model	Year	Color
(City)	(State)	(Zip)	Make	Model	Year	Color
Landlord's Name		Current Monthly Rent (\$)		Previous address (if less than 2 yr at current)		
Landlord's ph. #				(City)	(State)	(Zip)

**Please tell us about your work and income:**

Current Employer		Time w /Employer (Yrs - months)		Supervisor Name	
Emp. address (street)				Supervisor ph. #	
(City)	(State)	(Zip)	Annual income	Other Income	Source

**Please tell us about your bank and credit cards:**

Bank		Branch		Checking?	Savings?
Bank address (street)					
(City)	(State)	(Zip)	Credit cards held?	Visa?	MC?
				Other?	

**Please list references:**

Personal Reference Name	Relationship	Address	Ph #	How long?
1				
2				

**Please tell us about your family:**

Marital Status:	Desired Move In Date:	Number of adults to occupy residence:	Number of children to occupy residence:
Child's Name:	Relationship to applicant	Child's Name:	Relationship to applicant
Number of Pets	Weight	Breed	

**Please list emergency contacts:**

Name	Relationship	Ph #	Address
Name	Relationship	Ph #	Address

**Applicant, have you ever**

1. Received a Notice of Lease Violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Do you know of any outstanding warrants for your arrest? [If Yes, Please explain on back of this page]	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Moved from a rental unit while still owing outstanding rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Do you have parties or entertain at home for more than six guests? [If yes, how often? _____]	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Been evicted from a rental unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Do You Smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Been convicted of a crime (other than a traffic ticket)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

The undersigned as applicant hereby represents and warrants that the foregoing statements are true and correct. Upon execution of a Rental Agreement, this Rental Application shall become part of the Rental Agreement. Any false statements herein shall constitute "breach of terms" and are grounds for immediate eviction proceedings. I understand that upon approval of this application, a security deposit is required to hold a unit for an agreed upon time. Failure to execute a Rental Agreement will result in the forfeiture of the deposit based on the time the unit was held off the market. PRORATION will be calculated as follows: **DAILY RENTAL AMOUNT times DAYS KEPT OFF THE MARKET equals FORFEITURE AMOUNT.** Furthermore, I specifically authorize Sky Management and Insurance, Inc. to investigate all pertinent background information including, but not limited to, information concerning credit worthiness, credit standing, credit capacity, character and obtain credit report(s). Criminal, eviction and public records may also be checked. I further authorize Rental Chex of America or other similar organizations to verify my current and former employment, income and/or salary amounts, rental, mortgage and banking history and verify any financial asset account listed on this application.

Applicant (Printed Name)	Applicant (Signature)	Date

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## VERIFICATION OF RESIDENCY

RESIDENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

[ Dear Applicant – please leave items 1 – 9 blank and sign the permission to release information at the bottom]

1.) How long has the tenant resided at the above address? From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

2.) How much rent does the tenant pay monthly? \$ \_\_\_\_\_

3.) Does the tenant pay his/her rent on time \_\_\_YES \_\_\_NO  
If not, how many times was the tenant late in the past 12 months? \_\_\_\_\_

4.) Has the tenant had any checks returned for Non-Sufficient Funds (NSF)? \_\_\_YES \_\_\_NO [If yes, how many? \_\_\_\_\_]

5.) Have there been any lease violations? (i.e., 3-day or 7-day) \_\_\_YES \_\_\_NO  
If yes, please tell us how many, what type, and when: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.) Is the tenant on a current lease? \_\_\_YES \_\_\_NO [If yes, when does the lease expire? \_\_\_\_\_]

7.) Did the tenant give proper 30-day notice? \_\_\_YES \_\_\_NO

8.) Will the tenant receive return of his/her Security Deposit? \_\_\_YES \_\_\_NO  
If No, please explain: \_\_\_\_\_

9.) Would you rent to this tenant again? \_\_\_YES \_\_\_NO  
If No, please explain: \_\_\_\_\_

\_\_\_\_\_  
Name of Person Verifying

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### Applicant's Acknowledgement/Permission

By signing below, I affirm the information provided in my application is true and accurate. I understand that any false or misleading statements provided are grounds to deny my/our application and retain the application fee or to terminate my residency. I authorize Sky Management and Insurance, Inc. to contact any employer, previous property owner, management company, character reference and/or any other company or business, obtain information pertaining to my background and investigate the statements contained in my application. I authorize any employer, previous property owner, management company, character reference and/or any other company or business to release information about me to Sky Management and Insurance, Inc. I agree to hold Sky Management and Insurance, Inc. and any employer, previous property owner, management company, character reference and/or any other company or business Sky Management and Insurance, Inc. requests information from harmless and free from any liability from the request and transfer of information about me.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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