

**Combs' Properties**  
**512 W. Commercial**  
**Portales, New Mexico 88130**  
**Fax 575-356-4437**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Co-Renter: \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ WorkPhone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_

(If not employed, name source of income to pay rent) \_\_\_\_\_

Co-Renters Employment \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Number of Children and ages: \_\_\_\_\_

Preferred Date of Move in: \_\_\_\_\_

Number of bedrooms desired: \_\_\_\_\_

Any Pets? \_\_\_\_\_ If yes, what and how many \_\_\_\_\_

**Previous Address**

Address: \_\_\_\_\_ City/State \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Move-in Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_

Personal References: Name/Telephone/Relationship: \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

(By signing this form, you agree to allow Combs' Properties check with any credit agencies)