

## INCOME CHECK LIST

Check YES or NO on ALL lines below. If YES, show amount at right.

Name: \_\_\_\_\_

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

YES	NO	INCOME	AMOUNT
_____	_____	I receive income from employment.	_____
_____	_____	I receive support from parents or relatives.	_____
_____	_____	I receive payments from workmen's compensation.	_____
_____	_____	I receive Veteran's Administration benefits.	_____
_____	_____	I receive G. I. Bill benefits.	_____
_____	_____	I receive disability or death benefits.	_____
_____	_____	I receive Social Security. (Proof required.)	_____
_____	_____	I receive Supplemental Security Income (S.S.I.) (Proof required.)	_____
_____	_____	I receive Public Assistance (AFDC). (Proof required.)	_____
_____	_____	I receive DEFRA. (Proof required.)	_____
_____	_____	I receive educational grants or scholarships. (Proof required.)	_____
_____	_____	I receive unemployment benefits. (Proof required.)	_____
_____	_____	I receive child support or alimony.	_____
_____	_____	I receive periodic payments from insurance policies.	_____
_____	_____	I receive periodic payments from retirement funds or pensions.	_____
_____	_____	I receive income from rental, real, or personal property	_____

List ALL person(s) including yourself who will be residing in the unit more than 50% of the time:


Signature

Date

# Hager Rental

468 Eastern Bypass  
Richmond, Kentucky 40475  
Phone: 859-623-8482  
Fax: 859-623-2493  
www.hagerrental.com

# Rental Application

FOR OFFICE USE ONLY

DATE \_\_\_\_\_  
PROPERTY \_\_\_\_\_  
APT NO \_\_\_\_\_ RENT \$ \_\_\_\_\_  
AGENT \_\_\_\_\_

Please complete all requested information on the front and back of this form. Thank you for your interest in our apartments.

Date of Application \_\_\_\_\_ Desired Date of Occupancy \_\_\_\_\_  
Type and Size of Apartment Wanted (No. of Bedrooms, etc ) \_\_\_\_\_

## PERSONAL INFORMATION

**APPLICANT'S FULL NAME** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Driver's Lic. No./State \_\_\_\_\_ E-mail \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
**CO-APPLICANT'S FULL NAME** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Driver's Lic. No./State \_\_\_\_\_ Relationship \_\_\_\_\_  
E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Full Names of All Other Residents:	Relationship to You	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

How Many Pets Do You or Other Occupants Own? \_\_\_\_\_  
Kind of Pet, Breed, Weight and Age \_\_\_\_\_  
How Did You Hear About Our Property? \_\_\_\_\_

## RESIDENCE HISTORY

**PRESENT ADDRESS** \_\_\_\_\_  
Present Telephone \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
Present Landlord or Mortgage Co. \_\_\_\_\_ Telephone \_\_\_\_\_  
Monthly Payment \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_  
**PREVIOUS ADDRESS** \_\_\_\_\_  
Dates From \_\_\_\_\_ To \_\_\_\_\_  
Previous Landlord or Mortgage Co. \_\_\_\_\_ Telephone \_\_\_\_\_  
Monthly Payment \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_

## EMPLOYMENT INFORMATION

**PRESENT EMPLOYER** \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Gross Monthly Salary \$ \_\_\_\_\_  
**PREVIOUS EMPLOYER** \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
**CO-APPLICANT'S EMPLOYER** \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Gross Monthly Salary \$ \_\_\_\_\_

# BANKING AND CREDIT REFERENCES

BANK NAME & BRANCH \_\_\_\_\_ Telephone \_\_\_\_\_  
 Checking Acct. No. \_\_\_\_\_ Savings Acct. No. \_\_\_\_\_  
 Loan Acct. No. \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

CREDIT REFERENCE \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Account No. \_\_\_\_\_

CREDIT REFERENCE \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Account No. \_\_\_\_\_

OTHER REFERENCE \_\_\_\_\_  
 Address \_\_\_\_\_

## OTHER INFORMATION

TOTAL NUMBER OF VEHICLES (including Company Vehicles) \_\_\_\_\_  
 Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_  
 Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_  
 Other Car, Motorcycle, etc. \_\_\_\_\_

Total Gross Monthly Household Income \$ \_\_\_\_\_

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application

Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_ Telephone \_\_\_\_\_  
 Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_ Telephone \_\_\_\_\_

Comments: \_\_\_\_\_

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent?  Yes  No  
 Been evicted or asked to move out?  Yes  No Broken a Rental Agreement or Lease?  Yes  No  
 Been sued for damage to rental property?  Yes  No Declared Bankruptcy?  Yes  No

In Case of Personal Emergency, Notify \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

*I hereby make application for an apartment and certify that this information is correct. I authorize you to contact any references that I have listed. I also authorize you to obtain my consumer credit report from your credit reporting agency, which will appear as an inquiry on my file.*

APPLICANT'S SIGNATURE \_\_\_\_\_  
 CO-APPLICANT \_\_\_\_\_  
 DATE SIGNED \_\_\_\_\_

### FOR OFFICE USE ONLY — DO NOT WRITE BELOW

Date Application Received \_\_\_\_\_ Received By \_\_\_\_\_

REFERENCE VERIFICATION	REMARKS
<input type="checkbox"/> Present Landlord	
<input type="checkbox"/> Previous Landlord	
<input type="checkbox"/> Employment	
<input type="checkbox"/> Previous Employ.	
<input type="checkbox"/> Co-Applicant Employ.	
<input type="checkbox"/> Bank	
<input type="checkbox"/> Credit (1)	
<input type="checkbox"/> Credit (2)	
<input type="checkbox"/> Credit (3)	
<input type="checkbox"/> Other	

RECORD OF PAYMENTS RECEIVED		
Date	Description	Amount

THIS APPLICATION.  Approved  Not Approved

Date \_\_\_\_\_  
 By \_\_\_\_\_  
 Assigned to Apt. No. \_\_\_\_\_ Rent \$ \_\_\_\_\_  
 Apartment Address \_\_\_\_\_  
 Applicant Notified By \_\_\_\_\_  
 Anticipated Move-in Date \_\_\_\_\_