



National Tenant Network

Comprehensive Tenant Performance Reporting

Move-In Form 1

Co-Signer

Last Name	
First Name	MI
Social Security #	
Driver License #	State

D.O.B.:

Address Co-Signing For

Street Address		Apartment #
City	State	Zip Code
Move-In Date / /		
Rent Amount	\$	

I certify that the above information is correct and complete and hereby authorize you to make any inquiries you feel necessary to evaluate my tenancy. If I rent the unit, I understand the information contained on this form, move-out form, and rental agreement may be maintained in a tenant database for up to six (6) years after I vacate the premises.

Signature	
Current Street Address	
City	
State	Zip Code

Manager Signature	Subscriber	Access #
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National Tenant Network
4801 Sherburn Ln. Suite LL5 Louisville KY 40207
Pennsylvania, New Jersey, Oregon, Washington, California, Kansas, Indiana, Kentucky, Texas, Massachusetts,
North Carolina, Virginia, Georgia, and Florida

Authorization for Release of Information

Consent

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release and verify my application to rent from Hager Rental. I understand and agree that this authorization or the information obtained with its use may be given to and used by Hager Rental in administering a thorough background check on me as a tenant. I also consent for Hager Rental to release information from my file about my rental history to credit bureaus, collection agencies, or future landlords. This includes records on my payment history and any violations of my lease or occupancy policies.

Information Covered

I understand that depending on Hager Rental policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

Credit and Criminal Activity	Medical or Child Care Allowances
Employment, Income and Assets	Residences and Rental Activity
Identity and Marital Status	

Group or Individual That May be Asked

The groups or individuals that may be asked to release the above information (depending on rental requirements) include but are not limited to:

Banks and other Financial Institutions	Social Security Administration
Courts and Post Offices	Utility Companies
Law Enforcement Agencies	Welfare Agencies
Past and Present Employers	Past and Present Landlords

Conditions

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Signature

Co-Signer

(Print name)

Social Security

Date

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

Co-Sign Agreement with Hager Rental

**Hager Rental
474 Eastern By-Pass
Richmond, KY 40475**

Phone: 859-623-8482 Fax: 859-623-2493

Applicant's name: _____

Cosigner's name: _____

Date: _____

I agree to co-sign with _____
to be able to rent an apartment or home from Hager Rental. As co-signer, I agree to pay any
rent, late fees, or damage costs that the above person accrues as a tenant with Hager Rental.

My relationship with the applicant is as follows: _____

Co-signer's name (_____) Home phone

Street address

City state zip

Work place (_____) work phone

Street address

City state zip

My signature date signed

- Note to co-signer:**
1. Rent is due on the first of each month.
 2. A grace period of five days is given to pay rent.
 3. Beginning on the sixth of the month we charge \$5.00 a day late fees.
 4. If rent has not been paid by the end of business on the 14th of the month, an eviction notice will be filed with the sheriff and the filing cost will be charged to the tenant.
- Please sign your signature if you have read the above four points and understand.
