

**Hager Rental**  
474 Eastern By-Pass  
Richmond, KY 40475  
Phone: 859-623-8482 Fax: 859-623-2493

## **Application Procedures for Hager Rental**

Dear Applicant:

Thank you for considering Hager Rental. Because we like to move in good neighbors for our current tenants, we have a very involved application procedure. If you are serious about living with Hager Rental, then we ask that you read and follow our application procedures very carefully

**If you fail to follow the procedures listed below, your application will be considered incomplete and it will be returned to you.** We will be glad to assist you in reading, understanding, or filling out the application. We have included for your convenience a checkbox by each instruction so that you can check that you have read the instruction and have followed it.

Sincerely,  
Management

1.  **Complete ALL blanks, front and back on the application.** Any blanks that do not apply, enter None or N/A. Providing necessary telephone numbers is your responsibility, not ours. **Incomplete applications will not be considered and will be returned or denied.**
2.  False information, poor rental references, and the potential not to be able to pay rent for the apartment you have chosen will result in being denied by our office.
3.  The application **MUST** be signed and dated.
4.  **Indicate current and prior landlords' names, addresses, and telephone numbers.** If you do not have a current or prior landlord, indicate your current and prior addresses and the names of the individuals with whom you were/are living and their relationship to you. **False information is grounds for rejecting your application.**
5.  All household members 18 and over must sign the **Release of Information** form and a separate **Income Checklist**. Check YES or NO beside each item on the income checklist and enter the amount of income beside those items for which you check a YES.
6.  **Completion of all emergency information on the back of the Application is absolutely required! We prefer the emergency contact be a parent or a relative not living with you. (You may not use a roommate or spouse.) Make sure you include name, relationship, street address, city, state, zip, and phone.**
7.  A fee of **\$16.00** for each application is required to process your application and conduct a credit check. Please remit cash, money order, or check for that amount when you return your application.
8.  *Once approved, you must bring in a receipt showing proof that water and electric have been placed in your name before you can sign a lease or we can release your keys to you. No exceptions!*

**\*COPY OF LICENSE/IDENTIFICATION REQUIRED\***



**NATIONAL TENANT NETWORK - LOUISVILLE**  
**MOVE-IN FORM 1**

TENANT NAME(S):

_____	_____
LAST	LAST
_____	_____
FIRST	FIRST
_____	_____
INITIAL	INITIAL
DOB: _____	DOB: _____

Rental Address:

STREET ADDRESS \_\_\_\_\_ APT.# \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

TO SPEED SERVICE, PLEASE OBTAIN:

SSN	SSN
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_____	_____
DRIVERS LICENSE	DRIVERS LICENSE

MOVE IN DATE: \_\_\_\_\_

I UNDERSTAND THAT THE INFORMATION CONTAINED ON THIS FORM AND RENTAL AGREEMENT MAY BE MAINTAINED IN A TENANT PERFORMANCE DATA BASE FOR UP TO SEVEN (7) YEARS AFTER I VACATE THE PREMISES.

APPLICANT SIGNATURE(S)

\_\_\_\_\_

_____	_____	_____
MANAGERS SIGNATURE	DATE	ACCESS # :

Send Promptly to: **National Tenant Network** 4801 Sherburn Lane #LL2 , Louisville, Kentucky 40207

## 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.

### Signatures

_____ Head of Household	_____ (Print name)	_____ Social Security	_____ Date
_____ Co-Head of Household	_____ (Print name)	_____ Social Security	_____ Date
_____ Adult Member	_____ (Print name)	_____ Social Security	_____ Date
_____ Adult Member	_____ (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

# 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 \_\_\_\_\_