

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 _____