

**HAGER RENTAL**  
468 Eastern By-Pass  
Richmond, KY 40475  
859-623-8482 phone      859-623-2493 fax

*Hager Rental is pleased to be a Fair Housing rental company.*

*We welcome all races, genders, national origins, religious preferences, handicaps, and familial configurations.  
Please feel free to speak with us about any reasonable accommodation you might need.*

### **Application Procedures for Hager Rental**

Dear Applicant:

Thank you for considering Hager Rental. We are very serious about finding good neighbors for our current tenants. **If you are serious about becoming one of those good neighbors, we request that you follow each procedure below in completing our application process. If you fail to complete each and every step of our application process, your application will be considered incomplete and it will be returned to you. Or you will simply be denied.**

Thank you for your cooperation,  
Hager Rental Management

1. **Complete ALL Blanks**, front and back on the application pages. All phone numbers and addresses are the Applicant's responsibility.
2. **FALSE information**, a poor rental reference, a previous eviction, are automatic denials.
3. **Landlord Verification**: If you do not have a current or past Landlord, you must indicate with whom you have been living and why.
4. **Release of Information**: All household members 18 years and older must sign the Release of Information.
5. **Income Checklist**: All household members 18 years and older must sign and check each blank.
6. **Completion of Emergency information** on the back of the Application must be completed. Emergency contact must be a parent, grandparent, or adult not living with Applicant.
7. **Income Verification**: Applicant needs to provide income verification. Rent can be no more than 1/3 of Applicant's income.
8. **Signature**: Applicant must sign the application form that all information is correct.
9. **Fee**: The cost is \$20.00 to have an application processed.
10. **Proof of ID is required**: Driver's license, Social Security card
11. **Time limit**: You have three business days from the day a \$100 Hold is placed on a Hager property to return a COMPLETED Application. Failure to do so will result in forfeiting the \$100 Hold and the Hold property being advertised "For Rent."
12. **No Section 8 Housing**: Hager Rental no longer accepts Section 8 Housing. If you have applied for supplements from Section 8, do not apply to rent from Hager.
13. **Bed Bugs**: If you have had bed bugs in the past six months, you may not rent from Hager unless you are willing to pay for a \$400-\$600 heat treatment for all of your belongings.

**Hager Rental**  
**MOVE IN FORM**

|                |
|----------------|
| Rental Address |
|----------------|

Move-In Date: \_\_\_\_\_

**TENANT 1**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Initial

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

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Driver's License (include state)

\_\_\_\_\_  
Phone #s

\_\_\_\_\_  
Email

\_\_\_\_\_  
Current address: street

\_\_\_\_\_  
City, State, zip

\_\_\_\_\_  
Signature

**TENANT 2**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Driver's License (include state)

\_\_\_\_\_  
Phone #s

\_\_\_\_\_  
Email

\_\_\_\_\_  
Current address: street

\_\_\_\_\_  
City, State, zip

\_\_\_\_\_  
Signature



## 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  
Employment, Income and Assets  
Identity and Marital Status

Medical or Child Care Allowances  
Residences and Rental Activity

### 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  
Courts and Post Offices  
Law Enforcement Agencies  
Past and Present Employers

Social Security Administration  
Utility Companies  
Welfare Agencies  
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.)<br>(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**  
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 \$ \_\_\_\_\_

## 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 \_\_\_\_\_