

**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**

1. Qualifying to Rent from Hager Rental:
  - a. Rent can be no more than 1/3 of each single tenant's income.
  - b. Must have good rental references from previous landlords.
  - c. Must have a positive criminal background report.
  - d. Must be able to meet financial obligations on credit report in addition to Hager rent.
  - e. Financial obligations on credit report must be up-to-date in payments.
  - f. No more than 1 adult per bedroom; or 2 adults or 2 children per bedroom for families.
  - g. Must be at least 21 years of age or have a co-signer.
  - h. Must have a co-signer if parents/anyone contributes to income with an allowance.
  
2. Complete ALL Application Forms:
  - a. Application: Front and back on the application pages. All phone numbers and addresses are the Applicant's responsibility. Completion of Emergency information must be completed. Emergency contact must be a parent, grandparent, or adult not living with Applicant.
  - b. Landlord Verification: If you do not have a current or past Landlord, you must indicate with whom you have been living and why.
  - c. Release of Information: All household members 18 years and older must sign the Release of Information.
  - d. Income Checklist: All household members 18 years and older must sign and complete each blank.
  - e. Income Verification: Applicant needs to provide income verification. Rent can be no more than 1/3 of Applicant's income.
  - f. Signature: Applicant must sign the application form that all information is correct.
  - g. Proof of ID is required: Driver's license, Social Security card
  - h. Fee: The cost is \$20.00 to have an application processed.
  
3. To Hold an Address: 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."
  
4. 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.
  
5. 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 \$600 heat treatment for all of your belongings.
  
6. Reasons for being denied to live with Hager Rental
  - a. FALSE information on an application.
  - b. A poor rental reference.
  - c. A previous eviction.
  - d. Applicant owes a previous landlord
  - e. Owing a utility company.
  - f. Income less than the required "rent can be no more than 1/3 applicant's income."
  - g. Applicant has several charges in collections on his credit report with no attempt made to pay.
  - h. Tenant is a felon.

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

## 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

## 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



*Come Home to Hager!*

## RESIDENTIAL RENTAL APPLICATION

(1 form per applicant)

### THE PROPERTY (TO BE COMPLETED BY LANDLORD)

Property Type:  Apartment |  Condominium |  Home |  Other: \_\_\_\_\_

Property Address: \_\_\_\_\_ Beds (#): \_\_\_\_\_ Baths (#): \_\_\_\_\_

Lease Type:  1 Year  6 Months Desired Move In Date: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Application Fee: \$ \_\_\_\_\_ Application Fee Received:

### THE APPLICANT'S INFORMATION

Applicant's Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Photo ID:  Driver's License  Passport  Other: \_\_\_\_\_

ID#: \_\_\_\_\_

Additional Occupant(s)?  Yes  No

If yes, describe/list names, birthdates and relationship to tenant:

\_\_\_\_\_

Pet(s)?  Yes  No

If yes, breed(s), weight(s), age(s): \_\_\_\_\_

### CURRENT RESIDENCE

Property Type:  Apartment |  Condominium |  Home |  Other: \_\_\_\_\_

Property Address: \_\_\_\_\_

Monthly Rent (\$): \_\_\_\_\_ Beds (#): \_\_\_\_\_ Baths (#): \_\_\_\_\_

Lease Start: \_\_\_\_\_ Lease End: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

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

Landlord Email: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

**PREVIOUS RESIDENCE**

Property Type:  Apartment |  Condominium |  Home |  Other: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Monthly Rent (\$): \_\_\_\_\_ Beds (#): \_\_\_\_\_ Baths (#): \_\_\_\_\_  
Lease Start: \_\_\_\_\_ Lease End: \_\_\_\_\_  
Reason for Moving: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_  
Landlord Email: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

**CURRENT EMPLOYER**

Company Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Title / Occupation: \_\_\_\_\_  
Gross Monthly Income: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Supervisor Phone: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

**PREVIOUS EMPLOYER**

Company Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Title / Occupation: \_\_\_\_\_  
Gross Monthly Income: \$ \_\_\_\_\_ For how long? \_\_\_\_\_ Months  
Supervisor Name: \_\_\_\_\_  
Supervisor Phone: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

**VEHICLE(S)**

Do you own a vehicle?  Yes (describe below)  No

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Color: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Do you own a second vehicle?  Yes (describe below)  No

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Color: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

**REFERENCES**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**BACKGROUND INFORMATION**

Have you ever been evicted or a defendant in an eviction action?  Yes  No

If yes, describe: \_\_\_\_\_

Have you ever filed, or are you in the process of filing bankruptcy?  Yes  No

If yes, describe: \_\_\_\_\_

Do you have any outstanding balances with past landlords?  Yes  No

If yes, describe: \_\_\_\_\_

Have you ever been asked to move for a lease violation of any kind?  Yes  No

If yes, describe: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If yes, describe: \_\_\_\_\_

**Emergency Contact Info**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Signature**

I hereby make an 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 Signature: \_\_\_\_\_

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

**For Office Use Only – Do Not Write Below**

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

Date of Credit and Background Check: \_\_\_\_\_ Credit Score: \_\_\_\_\_

Application Remarks: \_\_\_\_\_  
\_\_\_\_\_

Application Status:  Approved  Denied  Needs Co-Signer Date Decided: \_\_\_\_\_

The Applicant was notified by: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Contacted by:  Email  Telephone  Fax  In-Person Date & Time: \_\_\_\_\_

Date The Unit Is Vacant: \_\_\_\_\_

Scheduled Move-In-Date and Time: \_\_\_\_\_

Utilities Needed:  Electric  Water  Sewer