

HAGER RENTAL MANAGEMENT, LLC
468 EASTERN BYPASS
RICHMOND, KY 40475
Phone: 859-623-8482 Fax: 859-623-2493

For Guarantor:

Potential Tenant's name:

Guarantor's name:

Date of birth

SSN#

Street Address

City, State, Zip

Home phone.

phone

Cell

Email

Work place

Work place street address

City, state, zip

Email

Work phone

Please provide the following with this application:

1. Proof of income
2. Copy of valid Driver's License
3. \$30.00 Application fee

Guarantor Signature stating all information is correct

I am applying to be a guarantor for:

My relationship to tenant:

Note to Guarantor:

1. Rent is due on the first of each month.
2. A grace period of five days is given to pay rent.
3. A late charge of \$5.00/day begins charging on the 6th day of the month.
4. If rent is not paid by the 7th day of the month, a 7-day eviction notice will be served to the tenant.
5. If rent has not been paid by the 14th day of the month, a forcible detainer will be filed with the court system and the tenant will be charged for court cost, legal fees, and sheriff delivery charges.

Please sign that you have read and understand the above 5 points:

Guarantor Signature

Applicant/Tenant Agreement:

I, _____,
agree that Hager Rental Management, LLC has my permission to disclose any information about my tenancy to my guarantor.

Applicant/Tenant 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