

Please return to:

PROPERTY ADDRESS APPLIED FOR:

HARDIN PROPERTIES
245 Lexington Ave.
Lexington, KY 40508
Ph. (859) 255-1142 (Office)
Ph. (859) 338-8850 (Cell)
Kimberly Horn/Prop. Mgr.

2017-2018
LEASE APPLICATION

FOR OFFICE USE ONLY

Date App Rec'd: _____
1st Month's Rent Paid \$ _____
Paid by: Check # _____, EFT _____ or
Cash – Receipt # _____

Please print Legibly

1. FULL NAME: _____ DATE: _____
(First Middle Last)
CELL PH.#: _____ ALT. PH.#: _____
E-MAIL: (1) _____ (2) _____

2. DATE OF BIRTH: ___/___/___ SOCIAL SECURITY #: _____ SEX: _____
PICTURE ID or DRIVERS LICENSE NO.: _____ STATE: _____

3. ARE YOU A STUDENT? Y / N WHAT YEAR? Fr. So. Jr. Sr. 5th Grad. GPA: _____
IF ASSOCIATED W/ A FRATENITY/SORORITY or OTHER GROUP– WHICH ONE? _____

4. CURRENT LANDLORD: _____ PHONE: _____
(Parents / UK / Dorm / Sorority Hse. / Private Owner / etc.)
CURRENT ADDRESS: _____ UNIT NO.: _____ RENT AMT. \$ _____
CITY: _____ STATE: _____ ZIP: _____

5. PREVIOUS LANDLORD: _____ PHONE: _____
(Parents / UK / Dorm / Sorority Hse. / Private Owner / etc.)
PREVIOUS ADDRESS: _____ UNIT NO.: _____ RENT AMT. \$ _____
CITY: _____ STATE: _____ ZIP: _____

6. PERSONAL REFERENCE: _____ PHONE: _____
RELATIONSHIP: _____

7. CURRENT EMPLOYER: _____ HOW LONG? _____
ADDRESS: _____
YOUR TITLE: _____ MONTHLY SALARY: \$ _____
SUPERVISOR'S NAME: _____ TITLE: _____
WORK PHONE: _____

8. OTHER SOURCE(S) OF INCOME: _____ MONTHLY AMOUNT: \$ _____
(i.e.: parents, trust fund, loans, etc.)
_____ MONTHLY AMOUNT: \$ _____

9. FAMILY / LEASE GUARANTOR INFORMATION:

MOTHER'S NAME: _____ FATHER'S NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ CITY: _____ ST: _____ ZIP: _____

HM. PH: _____ CELL: _____ HM. PH: _____ CELL: _____

EMAIL: _____ EMAIL: _____

10. WHO WILL BE SIGNING ON THE LEASE DOCUMENTS AS GUARANTOR? _____

11. NOTIFY IN CASE OF EMERGENCY:

NAME: _____ HOME PHONE: _____

RELATIONSHIP: _____ WORK PHONE: _____

CELL PHONE: _____

12. VEHICLE:

COLOR: _____ YEAR: _____ MAKE/MODEL: _____

LICENSE PLATE NO.: _____ STATE: _____ OWNER: _____

13. DO YOU SMOKE? _____ DO YOU BURN CANDLES OR INCENSE REGULARLY? _____
(Y/N) (Y/N)

14. DO YOU HAVE ANY PETS? _____ TYPE OF ANIMAL: _____ NAME: _____
(Y/N)

15. HAVE YOU EVER BEEN EVICTED? _____ EVER BROKEN A LEASE EARLY? _____
(Y/N) (Y/N)

16. DO YOU HAVE ANY BAD CREDIT THAT WILL SHOW UP IN YOUR CREDIT REPORT? _____
(Y/N)

I do hereby certify that the above information is true and accurate and that the Owner/Agent may rely on this information and have my permission to verify this information in whatever way necessary. I understand that if any statement herein contained is false, that my Lease Contract may be terminated at any time.

I understand that any application fee paid is NON-REFUNDABLE. I further understand that any advanced paid rent/deposit due with this application is NON- REFUNDABLE unless the Owner/Agent does not approve this application.

When completing this application for RENEWAL, any rent/deposit currently held by Owner/Agent will automatically transfer over with this Lease Application and is NON-REFUNDABLE unless the Owner and/or Agent do not approve this new application.

Signature

Date

