

Please return to:

PROPERTY ADDRESS APPLIED FOR:

HARDIN PROPERTIES
350 Elaine Dr. Ste #200
Lexington, KY 40504-2741
Ph. (859) 255-1142 (Office)
Kim@hardinproperties.net
Kimberly Horn/Prop. Mgr.

2026-2027
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 Name _____ 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.
 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. **LEASE GUARANTOR:** (other than applicant) _____
(required for all students)

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?** _____ (Y/N) **DO YOU BURN CANDLES OR INCENSE REGULARLY?** _____ (Y/N)

14. **DO YOU HAVE A PET?** _____ (Y/N) **DO YOU HAVE A DISABILITY THAT MAY REQUIRE A TYPE OF
SERIVCE, THERAPY OR EMOTIONAL SUPPORT ANIMAL?** _____ (Y/N) TYPE OF ANIMAL: _____

15. **HAVE YOU EVER BEEN EVICTED?** _____ (Y/N) **EVER BROKEN A LEASE EARLY?** _____ (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 due with this application is **NON- REFUNDABLE** unless the Owner/Agent does not approve this application. **The advanced paid rent due with this application is NOT a Security Deposit.**

When completing this application for RENEWAL, any rent 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

