

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)
Kim@hardinproperties.net
Kimberly Horn/Prop. Mgr.

2024-2025
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) _____

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

