

Please return to:

PROPERTY ADDRESS APPLIED FOR:

**HARDIN PROPERTIES**

245 Lexington Ave.  
Lexington, KY 40508  
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Kimberly Horn/Prop. Mgr.

**2026-2027**  
**LEASE APPLICATION**

**FOR OFFICE USE ONLY**

Date App Rec'd: \_\_\_\_\_  
1<sup>st</sup> 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. 5<sup>th</sup> 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?** \_\_\_\_\_ **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

