RENTAL APPLICATION FORM

HARDIN LLC

45 Industrial Park Road, Siler City, NC 27344 (Mailing & Physical Address)
Office (919) 799-7770 • Fax (919) 799-7741
www.hardinllc.com info@hardinllc.com

NO PETS ALLOWED

NOTE: Hardin, LLC Policy Does **NOT ALLOW** for any **PETS of any kind.**
Your lease will be terminated immediately if Pets are found in any property.

Please fill out application completely; incomplete applications will **NOT** be processed. The following items are **REQUIRED** before processing your application:

1. Application (Copy of your Driver's License).
2. False information will result in application being denied.
3. Copy of your most recent Pay Stubs for one (1) month.
4. Make sure **ALL** pages of the rental application are filled out and signed where applicable.
5. **ALL** pages must be returned, including page 6. Hardin, LLC will submit page 6 to lessor for tenant information and verification.
6. A **$25.00 non-refundable** application fee required per adult to process **all adults** on the applications.
7. **All security deposits used to secure a property must be made by cash, money orders, or certified checks. The security deposit is non-refundable, if you change your mind.**

You can **return your completed application** in one of the following ways:

Drop application off at our office in the UNITS MOBILE STORAGE building
45 Industrial Park Road, Siler City, NC 27344
Office hours: Monday thru Friday 9am – 6pm
(Subject to change based on holidays and/or other events. Please call ahead to ensure we are open.)

Email application to: info@hardinllc.com **Fax application to:** (919) 799-7741
Mail application to: Hardin, LLC 45 Industrial Park Road, Siler City, NC 27344
Any questions can be directed to: **(919) 799-7770**

I understand **NO PETS** are allowed at any Property. (Signature)_____(Date) ___/___/___
Placing a Security Deposit to hold a property. The Security Deposit will acknowledge receipt of the amount of $_____ by Hardin, LLC (Landlord) and from _____ (Applicant) to hold the Property until the Lease is signed within five (5) calendar days of this signed application. If Tenant decides not to occupy the Property for any reason or sign the Lease within five (5) calendar days, the Security Deposit shall be forfeited in FULL to the Landlord. Security Deposit **Must be paid by money order, certified check or cash. First Month Rent MUST be written on a separate check, money order, certified check, or pay Cash.**

_____ ___-___-___
Signature Date

Do you REQUIRE any SPECIAL ACCESS?
Wheelchair ____ NO ____ YES Need to be on the First Floor ____ NO ____ YES
Anything Else? _____

Location of Property to Lease: _____ Desired Move in Date: ___/___/____

PERSONAL INFORMATION:

Tenant name: _____ Birth Date: ____/_____/_____
(First) (Middle) (Last)

Social Security Number: _____-_____-_____ Driver's License: (*State*) _____ *(Number)* _____

Phone Home: (_____) _____/_____ Cell: (_____) _____/_____Work: (_____) _____/_____

Email: _____ this email & cell can be used to send me notices

Contact for Emergency: _____ Relationship: _____

Emergency phone Home: (___)_____/_____ Cell: (____) _____/_____ Work: (____) _____/_____

EMPLOYMENT - Please list the last two places of Employment:

Current Employer: _____ Telephone Number: (____) _____/_____

Address: _____
(Street) (City) (State) (Zip)

Position Held: _____ Monthly Salary: $_____ Date Started: ___-____-____ Date Ended: ___-____-____

Supervisor Name: _____ Supervisor Title: _____

Previous Employer: _____ Telephone Number: (____) _____/_____

Address:_____
(Street) (City) (State) (Zip)

Position Held: _____ Monthly Salary: $_____ Date Started: ___-____-____ Date Ended: ___-____-____

Supervisor Name: _____ Supervisor Title: _____

Spouse Name: _____ Birth Date: __/___/__
(First) (Middle) (Last)

Social Security Number: ____-_____-_____Driver's License: (*State*) _____ *(Number)* _____

Phone Home: (_____) _____/_____ Cell: (_____) ____/_____Work :(____) _____/_____

Email: _____

Contact in Emergency: _____ Relationship: _____

Telephone Home: (_____) _____/_____Cell: (_____) _____/_____Work: (_____) _____/_____

Spouse Employment - Please list your last two places of Employment:

Current Employer: _____ Telephone Number: (____) _____/_____

Address:_____
(Street) (City) (State) (Zip)

Position Held: _____ Monthly Salary: $_____ Date Started: ____-___-____ Date Ended: ____-___- ____

Supervisor Name: _____ Supervisor Title: _____

Previous Employer: _____ Telephone Number: (____) _____/_____

Address: _____
(Street) (City) (State) (Zip)

Position Held: _____ Monthly Salary: $_____ Date Started: ____-___-____ Date Ended: ____-___-____

Supervisor Name: _____ Supervisor Title: _____

Total Number in Family: _____ **Please complete list below of those living in the household.**

Name	Relationship	Date of Birth	Social Security Number
	(Self)	- -	- -
		- -	- -
		- -	- -
		- -	- -
		- -	- -
		- -	- -

Tenant Rental History:

1. *Your Current* Street Address: _____Unit #____

City: _____ State: _____ Zip: _____

Property Owner / Manager: _____ Complex Name: _____

Phone: (___) ____/_____ Monthly Rent: $_____ Have you paid rent on Time: yes__ no___

Moved In Date: ___/____/___Moved Out Date: __/___/____Were You Asked to Leave: yes___ no__
Did You Give Notice Prior to Leaving: yes____ no ___

Reason for Leaving: _____

2. *Your Last* Street Address: _____Unit #____

City: _____ State: _____ Zip: _____

Property Owner / Manager: _____ Complex Name: _____

Phone: (_____) _____/_____ Monthly Rent: $_____ Have you paid rent on Time: yes__ no___

Moved In Date: ___/____/___Moved Out Date: ___/___/___Were You Asked to Leave: yes___ no__
Did You Give Notice Prior to Leaving: yes ___ no ___

Reason for Leaving: _____

3. *Previous* Street Address: _____Unit #_____

City: _____ State: _____ Zip: _____

Property Owner / Manager: _____ Complex Name: _____

Phone: (_____) ____/____ Monthly Rent: $_____ Have you paid rent on Time: yes__ no___

Moved In Date: ___/___/___Moved Out Date: ___/___/____Were You Asked to Leave: yes___ no__

Did You Give Notice Prior to Leaving: yes ___ no ___

Reason for Leaving: _____

Checking Account - Institute Name: _____

Address of Institute: _____
(Street) *(City)* *(State)* *(Zip)*

Telephone Number of Institute: (_____) _____/_____ Account Type: _____

Account Number: _____ Account Balance: $_____.00

List Two Businesses where you have Established Credit (ex: Credit Card, Businesses, etc.)

Name: _____ Phone: (_____) _____/_____

Address: _____
(Street) *(City)* *(State)* *(Zip)*

Monthly Payment: $_____ Balance Due: $_____ Paid on Time: yes___ no_____

Name: _____ Phone (_____) _____/_____

Address: _____
(Street) *(City)* *(State)* *(Zip)*

Monthly Payment: $_____.00 Balance Due: $_____.00 Paid on Time: yes___ no___

Vehicles

_____
Make Model Color Year License Number

_____
Make Model Color Year License Number

HARDIN LLC

45 Industrial Park Road ▪ Siler City, NC 27344
Office (919) 799-7770 ▪ Fax (919) 799-7741
www.hardinllc.com info@hardinllc.com

VERIFICATION OF RENTAL HISTORY

TO: _____

We are requesting verification of rental history for the individual(s) named below, who states they are a present or former tenant.

Please complete the information below and fax to **(919) 799-7741**. Thank you for your cooperation.

Rental History of: _____

Date Moved In: _____/_____/_____ Date Moved Out: _____/_____/_____ Monthly Rent: $_____.00

Was the applicant ever late within the last 12 months: yes____ no ____ if so, how many times: _____

Was rent ever more than 30 days late: yes____ no ____ if so, how many times: _____

What was included in rent: _____?

Number of persons in family: _____ Did they follow the rules: yes_____ no _____

Have you ever received any complaints from others of this applicant: yes ____ no ____ if yes, please explain below:

_____

_____

Was the applicant asked to vacate your rental unit: yes____ no ____ If so, please explain why below:

_____

_____

Any damage: _____ Did or will you have to withhold any of the deposit because of damages, please explain:

_____

Overall rating as a tenant excellent ____ good____ fair ____ poor ____ Explain:
_____

Is rent current: yes____ no ____ did applicant give notice to move: yes ____ no ____

Would you rent to them again: yes____ no ____

Person providing information:
_____

Title: _____ Phone: _____ Email _____

THANK YOU FOR THE INFORMATION

I DO HEARBY AUTHORIZE YOU TO RELEASE INFORMATION REGARDING MY TENANCY TO THE INQUIRING LANDLORD.

_____	_____	_____
(Print Name)	*(Signature)*	*(Date)*
_____	_____	_____

(Print Name)	*(Signature)*	*(Date)*

RESIDENT RESEARCH

Authorization to Release Consumer Information

The undersigned authorize Resident Research, LLC, the landlord or any of its agents to obtain and investigative consumer credit report including but not limited to credit history, criminal record history, eviction record history, and a sex offender registry search in conjunction with my application for residency at a property under their management/ownership.

Furthermore, I authorize the release of information such as current employment status and current income information from all employers and/or bank representatives. This investigation is for the purpose of evaluating my worthiness of tenancy and all information that is compiled in this background investigation is strictly confidential and will not be shared with any other party.
I hereby hold my current and former Employers, current and former landlords, Resident Research, LLC, Landlord or any of its agents free and harmless of any liability for any damages arising out of any improper use of this information.

I understand that tenancy can be denied if any information within my application is found to be false or misrepresented in any way. If any items are found to be untrue after residency has begun I understand that my lease may be immediately terminated and I will be asked to leave the property immediately.

APPLICANT INFORMATION					
Last Name	First		Middle		Maiden or Former Name
Date of Birth	SSN	Driver's License #			State
Current Address		City		State	Zip Code:

Applicant's Signature Date

For potential SECOND TENANT to fill out to be on the SAME Lease.

RESIDENT RESEARCH

Authorization to Release Consumer Information

The undersigned authorize Resident Research, LLC, the landlord or any of its agents to obtain and investigative consumer credit report including but not limited to credit history, criminal record history, eviction record history, and a sex offender registry search in conjunction with my application for residency at a property under their management/ownership.

Furthermore, I authorize the release of information such as current employment status and current income information from all employers and/or bank representatives. This investigation is for the purpose of evaluating my worthiness of tenancy and all information that is compiled in this background investigation is strictly confidential and will not be shared with any other party.
I hereby hold my current and former Employers, current and former landlords, Resident Research, LLC, Landlord or any of its agents free and harmless of any liability for any damages arising out of any improper use of this information.

I understand that tenancy can be denied if any information within my application is found to be false or misrepresented in any way. If any items are found to be untrue after residency has begun I understand that my lease may be immediately terminated and I will be asked to leave the property immediately.

APPLICANT INFORMATION					
Last Name	First		Middle		Maiden or Former Name
Date of Birth	SSN	Driver's License #			State
Current Address		City		State	Zip Code:

Applicant's Signature Date