TOUCHSTONE PROPERTIES, LLC/
HAGERMAN COURT, LLC
Rental Application ***Fax 859-269-2336***

Apt. or House Requested
_____

Applicant _____ Birthdate _____

Current address_____
(Street) (City) (State) (Zip)
Cell Phone _____ Phone _____

Are you a student? _____ Where? _____ Email Address_____

Current Landlord_____

Landlord's Address_____Phone_____

Roommates for this Unit_____

Names of Parents _____

Parents' Address _____
(Street) (City) (State) (Zip)
Home Telephone _____ Applicant's Occupation _____

Employed at _____

Business Address _____ Business Phone _____

Car Make _____ Year _____ Color _____ License _____

In case of emergency notify _____

Address _____ Phone _____

I hereby authorize Touchstone Properties, LLC to perform a credit check for the purpose of renting an apartment.

_____ _____ _____
Signature Social Security # Date

I agree to be responsible for my son's/daughter's portion of the monthly rent in the amount of $_____for the above apartment from _____.
(Lease term dates)

_____ _____
Date *Parent Signature*