#### H4Y, LLC

"In God We Trust"

425 Main Street
Hudson, NC 28638

(828) 728-6572 office
(828) 728-4611 fax

Date applied:	Fee paid:
Date approved:	
Amount:	
Pets:	
Bedrooms:	
Applicants name:	

#### **Application requirements**

- 1. We require that you have had 6 months of employment and will need your most recent check stub
- 2. I.D.'s of everyone over the age of 18 for background (We go back 7 years) and eviction checks (the last 2 years)
- 3. We will need to see either a credit score of 600 or above or you will need to provide a 1 year payment history on 3 different bills. Such as utilities, car payments, credit cards, cable/ internet, insurance etc. We look for timely made payments. if you are late 3x in 12 months we will not accept it.
  - Things we do not accept as bills- rent, netflix etc or anything prepaid, only 1 insurance policy accepted.
- 4. Our application fee is \$25 which can be paid via cash, money order or cash app 8283082213

Everything must be turned in with the application before we will accept it!

### H4Y, LLC

"In God We Trust"

425 Main Street Hudson, NC 28638 (828) 728-4293 office (828) 728-4611 fax

I,
Authorize H4Y LLC, Leslie Killian, or one of their employees, to speak to you on my behalf to acquire information on my current financial status. I authorize you to fax or email anything needed to fulfill the application I have on file with them.
Signature Date
Signature Date

### H4Y, LLC

"In God We Trust"

425 Main Street Hudson, NC 28638 rentalhomes4you99@gmail.com

> (828) 728-6572 office (828) 728-4611 fax

#### (APPLICATIONS ARE VALID FOR 3 MONTHS FROM APPLICATION RECEIVED DATE.)

)	Full legal name, Maiden names, and/or Aliases:	
	Current phone #'s	
	Vehicle make, model, color, year, tag	
	tu Intercet.	
	ty Interest:	



# **RENTAL APPLICATION**

APPLICATIONS REQUIRE A \$25 <u>CASH</u> APPLICATION FEE. THIS IS NON-REFUNDABLE.

APPLICATIONS ARE GOOD FOR THREE MONTHS AND ARE GOOD FOR ANY OF OUR PROPERTIES.

APPLICANT #1						
FIRST NAME	MIDDLE		LAST		SS# -	*
DATE OF BIRTH	MARITAL STATUS	□SINGLE □ MARRIED Since	e	Since	DRIVERS LICENSE #	STATE
PHONE		PHONE	2	□WORK □HOME	EMAIL	-
RENTAL HISTORY* (MUST HAVE AT LEAST A YEAR OF				- WORK - HIOWE		
PRESENT HOME ADDRESS			CITY/STATE/ZIP			
LENTTH OF TIME (DATES)		PRESENT LANDLORD			LANDLORD PHONE	*
REASON FOR LEAVING			AMOUNT OF RENT		Is your present rent up to	date? □YES □NO
PREVIOUS HOME ADDRESS			CITY/STATE/ZIP			
LENGTH OF TIME (DATES)		PREVIOUS LANDLORD			LANDLORD PHONE	*
REASON FOR LEAVING	,		AMOUNT OF RENT		Was your rent up to date?	□YES □NO
EMPLOYMENT (MINIMUM 6 MONTHS)						
CURRENT EMPLOYER			OCCUPATION			HOURS/WEEK
SUPERVIOSR			PHONE		□WORK □CELL	YEARS EMPLOYED
ADDRESS			CITY/STATE/ZIP		,	
100110117						
APPLICANT #2					laa.	
FIRST NAME	MIDDLE		LAST		SS# -	-
DATE OF BIRTH		□SINGLE □ MARRIED Since	e	Since	DRIVERS LICENSE #	STATE
PHONE		PHONE -		□WORK □HOME	EMAIL	
RENTAL HISTORY* (MUST HAVE AT LEAST A YEAR OF	The second secon					
PRESENT HOME ADDRESS		☐SAME AS ABOVE	CITY/STATE/ZIP			
LENGTH OF TIME (DATES)		PRESENT LANDLORD			LANDLORD PHONE	±
REASON FOR LEAVING			AMOUNT OF RENT		Is your present rent up to	date? □YES □NO
PREVIOUS HOME ADDRESS		□SAME AS ABOVE	CITY/STATE/ZIP			
LENTTH OF TIME (DATES)		PREVIOUS LANDLORD	<u> </u>	,	LANDLORD PHONE	-
REASON FOR LEAVING			AMOUNT OF RENT		Was your rent up to date?	□YES □NO
EMPLOYMENT (MINIMUM 6 MONTHS)						
CURRENT EMPLOYER			OCCUPATION			HOURS/WEEK
SUPERVIOSR			PHONE TO THE PHONE		□WORK □CELL	YEARS EMPLOYED
ADDRESS			CITY/STATE/ZIP			
OTHER PROPOSED OCCUPAN	NT(S) - INCLUDING	CHILDREN				
	RELATIONSHIP		AGE	OCCUPATION		CELL PHONE
NAME	RELATIONSHIP		AGE	OCCUPATION		CELL PHONE
NAME	RELATIONSHIP		AGE	OCCUPATION		CELL PHONE
NAME	RELATIONSHIP		AGE	OCCUPATION		CELL PHONE
PROPOSED PETS						
NAME	TYPE/BREED		WEIGHT	□INDOOR	□OUTDOOR	AGE
NAME	TYPE/BREED		WEIGHT	TINDOOR	COUTDOOR	AGE



## RENTAL APPLICATION

Please fill out this form COMPLETELY and sign where indicated.

EMERGENCY CONTACT					
NAME	RELATIONSHIP	ADDRESS	CELL PHONE		
NAME	RELATIONSHIP	ADDRESS	CELL PHONE		
NAME	RELATIONSHIP	ADDRESS	CELL PHONE		
-					

NAME		RELATIONSHIP	ADDRESS		CELL PHONE		
			FINANCIAL	INFORMAT	ION		
INCOME							
CURRENT INCOME	□WEEKLY □BIWEEKLY □MONTHLY □YEARLY	SOURCE			PROOF OF INCOME:  □PAYCHECK STUB  □SOCIAL SECURITY  □RETIREMENT	THER	APPLIES TO: ☐APPLICANT #1 ☐APPLICANT #2
CURRENT INCOME	□WEEKLY □BIWEEKLY □MONTHLY □YEARLY	SOURCE			PROOF OF INCOME:  □PAYCHECK STUB □SOCIAL SECURITY □RETIREMENT	THER	APPLIES TO: ☐APPLICANT #1 ☐APPLICANT #2
CURRENT INCOME	□WEEKLY □BIWEEKLY □MONTHLY □YEARLY	SOURCE			PROOF OF INCOME:  □PAYCHECK STUB  □SOCIAL SECURITY  □RETIREMENT	THER	APPLIES TO: ☐APPLICANT #1 ☐APPLICANT #2
EXPENSES (	MINIMUM OF THREE - NE	ED 1 YR CREDIT HISTO	DRY)		<u>.</u>		
PERSONAL BILL	R □GAS □PHONE □INSU		COMPANY NAME		BALANCE OWED	MONTHLY PYMT	APPLIES TO:  □APPLICANT #1  □APPLICANT #2
PERSONAL BILL  GELECTRIC GWATE	R GAS GPHONE GINSU	RANCE	COMPANY NAME		BALANCE OWED	MONTHLY PYMT	APPLIES TO:  □APPLICANT #1  □APPLICANT #2

EAP CINSES (MINIMUM OF THREE - NEED 1 YR CREDIT HISTORY)					
PERSONAL BILL    ELECTRIC	COMPANY NAME	BALANCE OWED	MONTHLY PYMT	APPLIES TO:  □APPLICANT #1  □APPLICANT #2	
PERSONAL BILL  □ELECTRIC □WATER □GAS □PHONE □INSURANCE □CC(Non-Prepaid) □OTHER (Specify)	COMPANY NAME	BALANCE OWED	MONTHLY PYMT	APPLIES TO:  □APPLICANT #1  □APPLICANT #2	
PERSONAL BILL  □ELECTRIC □WATER □GAS □PHONE □INSURANCE □CC(Non-Prepaid) □OTHER (Specify)	COMPANY NAME	BALANCE OWED	MONTHLY PYMT	APPLIES TO:  □APPLICANT #1  □APPLICANT #2	
PERSONAL BILL  □ELECTRIC □WATER □GAS □PHONE □INSURANCE □CC(Non-Prepaid) □OTHER (Specify)	COMPANY NAME	BALANCE OWED	MONTHLY PYMT	APPLIES TO:  □APPLICANT #1  □APPLICANT #2	
PERSONAL BILL  □ELECTRIC □WATER □GAS □PHONE □INSURANCE □CC(Non-Prepaid) □OTHER (Specify)	COMPANY NAME	BALANCE OWED	MONTHLY PYMT	APPLIES TO:  □APPLICANT #1  □APPLICANT #2	

QUESTIONNAIRE / AUTHORIZATION						
Has either applicant ever been sued for bills?	□Yes □No	If yes, which applicant?	□#1 □#2			
Has either applicant ever been bankrupt?	□Yes □No	If yes, which applicant?	□#1 □#2			
Has either applicant ever been guilty of a felony?	□Yes □No	If yes, which applicant?	□#1 □#2			
Has either applicant ever broken a lease?	□Yes □No	If yes, which applicant?	□#1 □#2			
Has either applicant ever been locked out of their apartment by the sheriff?	□Yes □No	If yes, which applicant?	□#1 □#2			
Has either applicant ever brought to court by another landlord?	□Yes □No	If yes, which applicant?	□#1 □#2			
Has either applicant ever moved owing rent or damage an apartment?	□Yes □No	If yes, which applicant?	□#1 □#2			
Is the total move-in amount available now (rent and deposit)?	□Yes □No	If yes, which applicant?	□#1 □#2			

Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

APPLICANT #1 SIGNATURE	DATE	
APPLICANT #2 SIGNATURE	DATE	