

# RENTAL APPLICATION

If you are interested in renting this property the following is required:

- 1) Fill in **ALL** applicable information on this application.
- 2) \$25 **MONEY ORDER OR CASHIERS CHECK** for each applicant(18 years and older) for processing. Please be sure you include Social Security Number for each adult applicant. **NO PERSONAL CHECK.**
- 3) Copy of a valid identification card.

|  |   |                       |  |         |
|--|---|-----------------------|--|---------|
| Name of the Property or Address you are applying for:  |   |                       |  |         |
| Reason for moving:   |   |                       | Move-in Date:  |         |
| Applicant's Name:  |   | Soc. Sec. #:          | Phone#:  |         |
| All Other Occupants:   |   |                       |  |         |
| <b>Email Address:</b>  |   |                       |  |         |
| <b>PERSONAL REFERENCE &amp; EMERGENCY CONTACT</b>  | 1) Personal Reference:  |                       | Relationship: Phone#:  |         |
|  | 2) Personal <u>Hawaii</u> Reference:  |                       | Relationship: Phone#:  |         |
|  | Nearest Living Relative:  |                       | Relationship: Phone#:  |         |
|  | Address:  |                       |  |         |
|  | Emergency Contact:  |                       | Relationship: Phone#:  |         |
|  | Address:  |                       |  |         |
| <b>HOUSING DATA INFORMATION REQUIRED</b>   | Present Address:  |                       | From/ To: Landlord:  |         |
|  | City/State/Zip Code:  |                       | Rent Paid: Landlord Ph#:   |         |
|  | Previous Address:   |                       | From/To: Landlord:   |         |
|  | City/State/Zip Code:  |                       | Rent Paid: Landlord Ph#:   |         |
|  | Previous Address:   |                       | From/To: Landlord:   |         |
|  | City/State/Zip Code:  |                       | Rent Paid: Landlord Ph#:   |         |
| <b>EMPLOYMENT DATA REQUIRED</b>  | Employer:   |                       | Position:  |         |
|  | Address   |                       | Work Ph#: How long:  |         |
|  | Salary: \$  | Supervisor: Phone#:   |  |         |
|  | Commanding Officer: (Military Personnel):   |                       |  | Phone#: |
|  | Rank:   | Housing Allowance: \$ | Rotation Date:   |         |
|  | Previous Employer:  |                       | Position: From/To:   |         |
|  | Address:  |                       | Supervisor: Phone#:  |         |
| <b>OTHER INCOME</b>  | Source:   | Amount: \$            | Contact: Phone#:   |         |
|  | Source:   | Amount: \$            | Contact: Phone#:   |         |
| <b>BANKING DATA</b>  | Institution:  |                       | Branch: Ckg <input type="checkbox"/> Sav <input type="checkbox"/> Acct#: |         |
|  | Institution:  |                       | Branch: Ckg <input type="checkbox"/> Sav <input type="checkbox"/> Acct#: |         |
| <b>AUTO</b>  | Make/Model:   |                       | Year: License #:   |         |
|  | Make/Model:   |                       | Year: License #:   |         |
| <b>Have you ever been Convicted of a Crime/Any Evictions / Unlawful Detainers, Been Asked to Move, Bankruptcy? _____</b><br><b>If yes, explain _____</b>   |   |                       |  |         |
| <b>RECEIPT</b>   | Processing fee: \$25 x _____ Adults = \$ _____ Received By: _____   |                       |  |         |
|  | Applicant(s) understand that this \$25 fee is <b>NON-REFUNDABLE</b> ; and that <u>payment does not mean that the applicant will acquire a right to rent this property.</u> Determination as to whether an applicant will be selected as a tenant will be made at the discretion of the Property Manager and/or the Owner. |                       |  |         |
| I have read the above form and I understand that if I cause financial loss to my landlord, that my name may be placed in the files of various credit bureaus and reporting agencies and may limit my ability to obtain credit or lease other dwelling units.   |   |                       |  |         |
| I hereby authorize consumer reporting agencies to provide you with consumer reports relating to me, including but not limited to obtaining criminal background check & unlawful detainer report and agrees to provide additional credit references on request. I hereby give permission for you to verify the above information and I understand that should you have to call the mainland or other islands for such verification that I will be charged for the cost of the call. |   |                       |  |         |

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_