



# RENTAL APPLICATION

## PROPERTY MANAGEMENT

91-902 Ft. Weaver Rd. # 205, Ewa Beach, Hawaii 96706 Telephone: 808-689-7407

Date:	Company: <b>Island Realty Group, LLC</b>	Agent:	Phone:	Fax: <b>808-689-9070</b>	Email Address:
Address of Rental Unit (required):		Unit #:	Pets:	Smoking:	Non-Refundable Processing Fee \$ _____ Per Applicant

**NOTICE TO APPLICANT(S)**

It is required to furnish all information requested. This application may be submitted to a public credit reporting agency for verification. All information shall remain confidential in compliance with the Federal Fair Credit Reporting Act. All applicants must sign this rental application and provide a valid identification upon request. (If additional information is necessary, please attach another sheet)

**(Please use BLACK or dark BLUE ink)**

<b>APPLICANTS</b>	Last Name: _____ First: _____ Middle: _____		Social Security: _____		Phone: _____		
	(Spouse) Name: _____ First: _____ Middle: _____		Social Security: _____		Phone: _____		
	Other Occupant: _____		Social Security: _____		Other Occupant: _____ Social Security: _____		
<b>HOUSING DATA</b>	Present Address: _____		From: _____	To: _____	Landlord: _____ Phone: _____ Rent: _____		
	City: _____		State: _____	Zip: _____	Reason for moving: _____		
	Have you ever been evicted? When? _____		Did you ever file bankruptcy? When? _____ Reason? _____				
<b>EMPLOYMENT DATA</b>	Employer: _____		Address: _____		Supervisor: _____ Phone No.: _____		
	Position Held: _____		From: _____	To: _____	Salary: _____	Housing Allowance: _____	Rotation Date: _____
	Spouse's Employer: _____		Address: _____		Supervisor: _____ Phone No.: _____		
	Position Held: _____		From: _____	To: _____	Salary: _____	Other Income: _____	Source: _____
	Section 8: _____	DSSH Assistance: _____	Case-worker's Name: _____		Unit: _____		Phone No.: _____
<b>BANK DATA</b>	Bank Name: _____		Branch: _____		Checking Account#: _____ Savings Account #: _____		
	Bank Name: _____		Branch: _____		Checking Account#: _____ Savings Account #: _____		
<b>LOAN DATA</b>	Credit Firm Name: _____		Account#: _____		Loan Type: _____ Amount: _____ Mo. Payment: _____		
	Credit Firm Name: _____		Account#: _____		Loan Type: _____ Amount: _____ Mo. Payment: _____		
<b>PERSONAL REFERENCE</b>	Name of Nearest Living Relative: _____		Relationship: _____		Address: _____ Phone: _____		
	Personal Reference: _____		Phone: _____		Personal Reference: _____ Phone: _____		
	In Case of Emergency, Notify: _____		Relationship: _____		Address: _____ Phone: _____		

I/we have read and filled out the above form and hereby authorize any consumer reporting agency to provide Island Realty Group LLC with consumer reports relating to me/us. I/we hereby give my/our permission for Island Realty Group LLC to verify the above information. Should Island Realty Group LLC have to call the other islands or the mainland for such verification, I/we understand that I/we will be charged the cost of the call. I/we understand that I/we will not hold any credit reporting agency liable for any decision made by Island Realty Group LLC or any of their Personnel, Realtors or Agents based on the information obtained during the processing of this application.

I/we understand that as a tenant, if I/we should cause a financial loss to my/our landlord at any time during the term of my/our lease agreement, my/our name(s) may be placed in the negative files of the reporting credit agency and such information will be furnished to any subscriber who have a bonafide and legal need to make such an inquiry. I/we also understand that causing a financial loss may limit my/our ability to obtain credit or lease other dwelling units.

\_\_\_\_\_  
RENTAL AGENT'S/MANAGER'S SIGNATURE      /      DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE      /      DATE

Security Dep:	Monthly Rent:	Rental Term:	Move in Date:

\_\_\_\_\_  
CO-APPLICANT'S (SPOUSE)      /      DATE