

RENTAL APPLICATION Hawaii Association of REALTORS® Standard Form Revised 7/17 For Release 11/17



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members of the National Association of REALTO		of Ethics.
INSTRUCTIONS: The following is an explar	nation of the Rental Application	process:
Application:		
 Each adult applicant must complete R 	Rental Application	
 List the names of all occupants (included) 		
There is a non-refundable application		per adult applicant.
(Application fee is payable to		
[X] cash [X] money order [visa / mc/ amex
		of current pay stub, tax returns, bank statements, etc.).
 Provide any additional information (i.e 		
 Picture ID required. 		
** Any information missing from the Rental Application will be a not received; the Rental Application will be		previous landlord's name, signatures, etc.) or if Rental Application fee will NOT be processed.
Submitting Rental Application: (Choose on	ıly one)	
 Hand deliver or mail to management of 	office at:	
Company name and address Prope	<u>rties International Li</u>	mited
• Fax number 808-369-8284		
 Email directly to: Agent's name <u>Shaw</u> 	n Kahawai	Agent's email address shawn@pilhawaii.com
**When faxing or emailing Rental Application, management office, or or submit cred		et monies for the Rental Application fee either dropped off, mailed to
Processing:		
Once a completed Rental Application	is submitted, processing time will	vary depending on various factors.
		pplication, fee, and verification of income.
 Rental Applications are evaluated bas 		
• •	•	way guarantee the applicant that he/she will be offered this property.
		perty may be received and considered.
**Once approved, the applicant must respo may be rescinded.	ond and set a time within 24 ho	urs to sign a Rental Agreement and pay the deposit or offer to rent
** Managing Agent may require Renter's Ins	surance prior to occupancy.	
At the time of signing the Rental Agreemer $[\ X\]$ cashier's check $[\ X]$ cash $[\ X\]$ n	• •	nent for a security deposit is payable by [] personal check payment []
If paying by credit card please provide Name (as it appears on the card)	the following information:	
Credit Card Number		Expiration Date
Three digit code on back Amount to Charge	Billing Address Zip Co	ode

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Phone: (808)216-3862

Signature to Charge the Amount Above ___



RENTAL APPLICATION

		er adult applicant. Received by: Payment method			
Rental Property Location:			P	rop Code:	
When would you like to move in?	ou like to move in? Desired length of lease				
Proposed Tenants/Occupants (on Full Name (First MI Last):		adult)	ss	#	
State Driver's License#	tate Driver's License# State ID#			Date of Birth	
Phone Numbers:		,			
Email address(s):					
List all					
Other Occupant:					
Will any animals be living with you? Note: Pets require prior written appro			weigh	t/age	
Housing Information:					
Present Address:		City:	Sta	ate: Zip:	
Landlord's Name:		Phone #:	Email address		
Move in date: mo	yr	Move out date: mo	yr		
Amount of rent paid: \$	Rea	ason for moving:			
Previous Address:		City:	Sta	ate: Zip:	
		Phone #:			
		Move out date: mo			
Amount of rent paid: \$	Rea	ason for moving:			
Personal Information:					
1) Does anyone in your party smo	-] No []			
2) Do you carry Renter's Insurance	•				
The property owner carries insu 3) Have you declared bankruptcy		• •	s[] No[]		
4) Have you declared bankruptcy4) Have you had any late paymen			s [] No []		
5) Have you ever been evicted?		No []			
If yes, explain					
6) Have you ever been convicted If yes, explain	of or pleaded guilt	y or "no contest" to a felony? Yes	[] No []		
Have you been a party to any li	tigation in the pas	t 10 years? Yes [] No []			
7) Where did you learn about this	-				
8) Rent is due by 2:00pm on t	the first of each	month: Will you be able to satisf	fy this requirement? Ye	es [] No []	

APPLICANT'S INITIALS & DATE

Employ	ment	Information:								
Status	•	10 1/5] Part Tim	ne []Full [.] etired	Fime Student [] Par	t Time Studen	t []Unemploye	rd		
Employ	•						Phone #:			
								ome:		
							upervisor:			
							Gross Monthly Income:			
Case W	orker'	s Name:			Phone #:					
•		onnel Only:								
								ank:		
							Monthly Income:			
			Telephone: Telephone:							
Commar	naing	Officer:			releptione: _		Ceii:			
Bank Da	ata:									
Bank Na	ame: _				Branch:		Che	ecking [] Savings [
Bank Name:				Branch:		Che	ecking [] Savings [
Auto Da	ata:									
Auto Ma	ıke:			Model:	Year: _	Color:	Licens	se Plate #:		
Auto Ma	ıke:			Model:	Year: _	Color: _	Licens	se Plate #:		
Persona	al Refe	erences (Hawaii F	Resident Pre	eferred):						
							_ Relationship:			
Name:_							_ Relationship:			
Address							_ Phone Number:			
Name of	f Near	est Living Relative):				Relationship:			
Address:					_ Telephone Number:					
E-Mail:										
In case	of eme	ergency contact:_					_ Telephone Number:			
E-Mail:										
GIVE MY	PER		OU TO VE	RIFY ALL INFO	CIES TO PROVIDE YOU RMATION. I HEREBY CEF			LATING TO ME. I HEREBY ON IS TRUE AND		
Applican	nt Sign	nature:						Date:		
NOTE: TH	IERE IS	S NO WARRANTY O	N PLAIN LAN	IGUAGE. An effor	t has been made to put this agr OR IMPLIED, THAT THIS AGR	eement into plai	n language, but there is n			

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