

# HAWAII RENTAL APPLICATION

Desired rent amount per month \_\_\_\_\_

Total Number of Occupants \_\_\_\_\_

County Housing? \_\_\_\_\_ Yes \_\_\_\_\_ No

If County Housing applicable then please turn in your Voucher & Work Sheet.

## **APPLICANT:**

Name \_\_\_\_\_

Phone(hm) \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

How Long? \_\_\_\_\_

Supervisor \_\_\_\_\_

Phone Number \_\_\_\_\_

Monthly Salary \_\_\_\_\_

Additional Monthly Income \_\_\_\_\_

Source \_\_\_\_\_

## **CO APPLICANT:**

Name \_\_\_\_\_

Phone(hm) \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

How Long? \_\_\_\_\_

Supervisor \_\_\_\_\_

Phone Number \_\_\_\_\_

Monthly Salary \_\_\_\_\_

Additional Monthly Income \_\_\_\_\_

Source \_\_\_\_\_

## **Names of all other persons to occupy unit: *(attach additional sheet if needed)***

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

## **REFERENCE INFORMATION:**

Current Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

Rent Amount Paid \_\_\_\_\_

Reason for move \_\_\_\_\_

Past Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

Rent Amount Paid \_\_\_\_\_

Reason for move \_\_\_\_\_

Past Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

Rent Amount Paid \_\_\_\_\_

Reason for move \_\_\_\_\_

Past Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

Rent Amount Paid \_\_\_\_\_

Reason for move \_\_\_\_\_

## **Non Related PERSONAL REFERENCES (MUST LIST TWO):**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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## **ADDITIONAL INFORMATION:**

Do you own any Pets? \_\_\_\_\_  
Do you own a waterbed? \_\_\_\_\_  
Automobile Make & Model \_\_\_\_\_  
Do you have an email address? \_\_\_\_\_  
May we contact you by email? \_\_\_\_\_

What Type, How Many? \_\_\_\_\_  
Automobile Make & Model \_\_\_\_\_  
Automobile Make & Model \_\_\_\_\_  
email #2 \_\_\_\_\_  
cellphone/phone#2 \_\_\_\_\_

## **APPLICANT SIGNATURES: (authorizing information to be true and correct contained in this application)**

**Applicant** \_\_\_\_\_

Date \_\_\_\_\_

**Applicant** \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE SIGN YOUR APPLICATION! FAILURE TO SIGN WILL RESULT IN YOUR APPLICATION BEING DENIED.**