

HAWAII RENTAL APPLICATION FORM

Property Address: _____

Unit/Apartment Number (if applicable): _____

Desired Move-In Date: _____

Lease Term: _____ months/years

Applicant Information

Full Name: _____

Date of Birth: _____

Social Security Number (if applicable): _____

Driver's License/ID Number: _____ State: _____

Phone Number: _____

Email Address: _____

Current Address: _____

City/State/ZIP: _____

How Long at This Address? _____

Landlord/Property Manager: _____

Phone: _____

Reason for Leaving: _____

Previous Address: _____

City/State/ZIP: _____

How Long at This Address? _____

Landlord/Property Manager: _____

Phone: _____

Reason for Leaving: _____

Employment & Income Information

Current Employer: _____

Employer Address: _____

Position/Title: _____

Supervisor's Name: _____

Phone: _____

Length of Employment: _____

Monthly Income (Gross): \$ _____

Previous Employer (if less than 1 year at current job):

Employer Address: _____

Position/Title: _____

Supervisor's Name: _____

Phone: _____

Length of Employment: _____

Monthly Income (Gross): \$ _____

Other Sources of Income

Source: _____

Amount: \$ _____

Frequency: _____

Co-Applicants/Occupants (18 years or older)

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

Total Number of Occupants (including minors): _____

Vehicle Information

Vehicle Make/Model: _____ Year: _____

License Plate #: _____ State: _____

Vehicle Make/Model: _____ Year: _____

License Plate #: _____ State: _____

Pets

Do you have pets? Yes No

If yes, describe (type/breed/weight):

References

Personal Reference (non-family): _____

Phone Number: _____

Relationship: _____

Emergency Contact: _____

Phone Number: _____

Relationship: _____

Consent and Certification

I/we certify that the information provided in this application is true and complete to the best of my/our knowledge. I/we authorize the landlord/manager to verify the information provided, including credit history, employment, and rental history.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____