

RENTAL APPLICATION

975 Limahana Place, #203
Lahaina, HI 96761
Office: 808-667-7778
Fax: 808-667-9993



PLEASE NOTE: A processing fee of \$35.00 must be submitted with this Rental Application. If your application is turned down for any reason, your processing fee will be refunded.

INSPECTION OF DRIVER'S LICENSE AND SOCIAL SECURITY NUMBER IS REQUIRED. Verified by _____ Date _____

DRIVERS LICENSE INFORMATION (state/province & number): _____

Address of premises to be rented: _____ Apt. # _____ Monthly rental amount \$ _____

Full legal name: _____ Maiden/Other names used: _____
(Last) (First) (Middle)

Social Security number: _____ Date of Birth: _____

Current home phone: () _____

Current address: _____
(Street/P.O. Box) (Apt. #) (City) (State) (Zip)

Date you moved in: _____ Monthly pmt.: \$ _____ [] rent [] own Have you given 28 days written notice to terminate? [] yes [] no

If no, please explain: _____

Current Landlord's name: _____ Address: _____

Current Landlord's phone: () _____ Your reason for moving: _____

Please list ALL other occupants who will be living with you:

1) Name: _____ 2) Name: _____ 3) Name: _____ 4) Name: _____

Do you or any of the above persons smoke? [] yes [] no Do you or any of the above persons use illegal drugs? [] yes [] no

If you have lived at the above address for less than 5 years, please list your previous residence:

Previous Address: _____ Apt #: _____ Monthly pmt: \$ _____ [] rent [] own

From: _____ To: _____ Reason for moving: _____
(month/year) (month/year)

Landlord's name: _____ Address: _____ Phone: () _____

Do you have or intend to have any pets? [] yes Type _____ [] no Any water-filled furniture or aquariums [] yes [] no

Are you currently on parole or probation anywhere? [] yes [] no. If yes, please explain and give the name and phone number of your officer:

Current occupation:

Employer Name: _____ Address: _____ City/State/Zip: _____

Phone () _____ Supervisor: _____ Date you began (mo/year) _____ Monthly gross pay:\$ _____

Job title and duties _____

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If you have been with your present employer for less than 5 years, please list your previous employer:

Employer Name: _____ Address: _____ City/State/Zip: _____

Phone () _____ Supervisor: _____ Date you began (mo/year) _____ Monthly gross pay:\$ _____

Job title and duties _____

Name of bank: _____ Branch: _____ City/State: _____ Account: _____

Vehicle(s): Make: _____ Model: _____ Year: _____ Color: _____ Plate No.: _____ State: _____

Make: _____ Model: _____ Year: _____ Color: _____ Plate No.: _____ State: _____

Emergency Contact: In case of emergency notify:

(Name) Address/City/State (Phone) (Relationship)

Authorization:

The undersigned applicant hereby declares that all information provided on this Rental Application is true and correct to the best of his/her knowledge. Applicant hereby authorizes the owner, manager, or his/her agent (hereinafter "Landlord") to verify any information at any time contained in this application, including but not limited to, verification of current residency and employment. Applicant understands that this verification process may include obtaining a tenant performance / credit report from various consumer reporting sources and specifically authorizes the Landlord to obtain such reports as allowed by the Fair Credit Reporting Act. This application is for preliminary screening use only and does not obligate Landlord to execute a rental agreement or deliver possession of the premises. Applicant further acknowledges that any false information contained herein will void this application and terminate any rental agreement.

(Printed legal name of applicant) (Signature of applicant) (Date)

NOTE: If you are selected as a tenant, the Landlord, as a subscriber of RPOA, has the authority to submit an adverse report on your future tenant performance to national tenant/credit bureaus, as provided for in the Fair Credit Reporting Act. The report may affect your consumer (credit) evaluation as well as your obtaining future rental housing.

Rental Property Owners' Alliance

(800) 482-2842 (Phone and Fax)

Office Hours: 8:00 AM to 5:00 PM HST weekdays (closed holidays): weekends by prior arrangement.
Fax 24 hours a day, 7 days a week

SCREENING AND BACKGROUND REPORT REQUEST

(CONFIDENTIAL – DO NOT ALLOW SUBJECT TO FILL OUT)

INSTRUCTIONS: please verify that all information is correct before faxing, since every SBR request received by RPOA is charged to Subscriber. If RPOA is unable to decipher any information due to illegibility, misspelling, omissions, inaccuracies, etc., any charges incurred will be passed on to Subscriber. Due to strict federal confidentiality laws, please do not send Subject's application. You are also required to positively identify each applicant by personally inspecting (and photocopying, if possible) a valid state driver's license or identification card, military ID, and social security card (never accept photocopies.) You must have received prior written authorization for each report request by having each applicant fill out his/her own application. Should any adverse action be taken based in whole or in part on this SBR, federal law requires that you notify the Subject of your decision.

*****DO NOT USE THIS FORM FOR EMPLOYMENT PURPOSES – Please call RPOA for the appropriate forms*****

I certify that the purpose of this report request is (circle one): Tenant Screening, Home-Buy Qualification, Mortgage Qualification, or Credit Transaction, and I further certify that this report will be used for no other purpose.

YOUR OR YOUR COMPANY'S NAME: NAI'A PROPERTIES ACCESS CODE #: NPR-001

REQUESTOR'S NAME: Doug Lefler, R(S), Rental/Property Manager TODAY'S DATE: _____

Subscriber's Fax #: 808-667-9993 Subscriber's Telephone #: 808-667-7778

***** PLEASE WRITE WITHIN THE MARGINS *****

APPLICANT INFORMATION:

1) NAME: _____
(LAST) (FIRST) (MIDDLE) (MAIDEN OR OTHER) (Jr., Sr., III, etc.)

2) SOCIAL SECURITY NUMBER: _____ (If Canadian, SIN): _____

3) CURRENT ADDRESS: *(must include all the information indicated).*

Street Address (St., Dr., Ave., Rd., Hwy., etc.) Apt. # (or) P.O. Box City State Zip

4) Driver's license / State ID / Military ID Number: _____ Birth Date: _____

5) SUBJECT'S PHONE NUMBER: _____

6) NAME OF EMPLOYER / JOB TITLE / CITY / STATE: *(Include all 4 items)*