

HAWAII RESERVES, INC.

RESIDENTIAL RENTAL APPLICATION

This application will be kept on file for three (3) months, and it is the applicant's responsibility to contact HRI should he/she wish to be considered for rental housing beyond that period.

Please provide ALL the information requested, sign as indicated, and please do not provide deposits, rents or any other payments with this Application. Once completed, please email to

rentals@hawaiireserves.com

Property Management Division
Hawaii Reserves, Inc.
55-510 Kamehameha Hwy., Ste. 12
Laie, Hawaii 96762

Proposed Occupants:	Names of Proposed Occupants:	Contact Phone No.:	Relationship to #1
1)			Self
2)			
3)			
4)			

Current Home Ownership Status & Rental Preferences of HRI Units

Do you currently own a home: Yes No If so, what is the address? _____

'Comfortable' Rent Range / Month: \$ _____ No. of Bedrooms Desired: Studio 1 2 3 4 +

Current & Previous Rental and Home Ownership History

(Please answer ALL questions)

Current Address:	From:
	To:
Landlord (or Bank if own home) Name and Address:	Monthly Payment: \$
	Landlord's Phone:
Reason for Leaving:	

Previous Address:	From:
	To:
Landlord Name and Address:	Monthly Payment: \$
	Landlord's Phone:

Vehicle & Emergency Contact Information

(Please provide the information below)

Automobiles:	Make, Model and Year:	License No.:
1)		
2)		

Emergency Contact:		
Name:	Address:	Phone:

Please complete the reverse side of this Application

Current & Previous Employment History

(Please list your current & past Employers for the last three (3) years)

Proposed Occupant #1	Company:	Your Title:
Salary \$ per:	Address:	How long at this company?
	Supervisor's Name:	Supervisor's Phone:

Proposed Occupant #1	Company:	Your Title:
Salary \$ per:	Address:	How long at this company?
	Supervisor:	Supervisor's Phone:

Proposed Occupant #2	Company:	Your Title:
Salary \$ per:	Address:	How long at this company?
	Supervisor:	Supervisor's Phone:

Proposed Occupant #2	Company:	Your Title:
Salary \$ per:	Address:	How long at this company?
	Supervisor:	Supervisor's Phone:

By signing below, the Applicant(s) represent(s) that all of the statements on this application, including any attached sheets, are true, complete and correct; authorizes the Landlord to contact listed individuals to verify all of the information and references on this Application; and further authorizes the Landlord to obtain a credit report from a credit reporting agency, as well as criminal and all available background checks on any or all individuals listed on this Application. By signing below, the Applicant(s) agree(s) that false or incomplete information on this Application may constitute grounds for rejection of this Application, and the termination of any subsequent lease. The Applicant(s) understand(s) and agree(s) that if selected, he/she will be required to provide the Landlord with a current copy of his/her driver's license or other photo identification.

Signatures: (All adults listed above must sign) Date: _____

Print Legal Name of Proposed Occupant No. 1 Signature

Print Legal Name of Proposed Occupant No. 2 Signature

For Owner's Use Only
(Do Not Write Below This Line)

Date Application Issued:		Date Security Deposit Received:	
Date Application Received:		Date Signed Agreement Made:	
Date Credit Checks Made:		Date Orientation Held:	
Date References Checked:		Date Keys Issued:	
Date Response Issued:		Date of Occupancy:	