

HAWAII RESERVES, INC.
RESIDENTIAL RENTAL APPLICATION

Hawaii Reserves, Inc., does not discriminate against applicants based on race, color, religion, national origin, ancestry, sex, familial or marital status, disability, age, sexual orientation, or HIV status.

Hawaii Reserves, Inc., gives a preference to rental housing applicants who do not own home in the area between Kaneohe and Haleiwa. 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.

All of our units are rented on a month-to-month basis, consequently, we may not know if a unit becomes available until 30 days prior. When a unit matching your number of bedrooms and rent range is identified, we will call applicants in the order they were received.

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

Names of all Proposed Occupants

| Proposed Occupants: | Name: | 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 & Social Security Number

Print Legal Name of Proposed Occupant No. 2 Signature & Social Security Number

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: | |

Please download this form, fill in your information, and email completed form to rentals@hawaiireserves.com