

## Summers Realty – Rental Application

1310 Inia St, Kapaa, HI 96746

Phone: 808-822-5876 – Fax: 808-822-6933

e-mail: rentals@SummersRealty.net

### Rental Information

#### Address of Rental:

Date of application: \_\_\_\_\_ Desired date of occupancy: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

### Applicant Information

#### Name:

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Cellular phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Current address:

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Own: ☐ Rent: ☐ Monthly payment or rent: \_\_\_\_\_ How long? \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone #: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

#### Previous address:

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Owned: ☐ Rented: ☐ Monthly payment or rent: \_\_\_\_\_ How long? \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone #: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

### Applicant Employment Information

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

Employer address: \_\_\_\_\_ How long? \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Position: \_\_\_\_\_ Monthly income: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_

### List other sources of income (other than present employment listed above)

1. \_\_\_\_\_

2. \_\_\_\_\_

### Applicant Emergency Contact

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you smoke? No: ☐ Yes: ☐ Do you have pets? No: ☐ Yes: ☐ (If yes list below)

Number of pets: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Have you ever:

Been evicted? No: ☐ Yes: ☐ Declared bankruptcy? No: ☐ Yes: ☐

Been convicted of a felony? Explain: \_\_\_\_\_

### Applicant Banking and Credit References

Bank: \_\_\_\_\_ Checking Account #: \_\_\_\_\_

Bank: \_\_\_\_\_ Savings Account #: \_\_\_\_\_

|   |                          |               |                          |              |
|---|--------------------------|---------------|--------------------------|--------------|
| <b>Co-applicant Information</b>   |                          |               |                          |              |
| Name:   |                          |               |                          |              |
| Date of birth:  |                          | SSN:          |                          | Phone:       |
| <b>Current address:</b>   |                          |               |                          |              |
| City:   |                          | State:        |                          | ZIP Code:    |
| Own:  | <input type="checkbox"/> | Rent:         | <input type="checkbox"/> |              |
| Monthly payment or rent:  |                          |               | How long?                |              |
| Landlord's Name:  |                          |               | Landlord's Phone #:      |              |
| <b>Previous address:</b>  |                          |               |                          |              |
| City:   |                          | State:        |                          | ZIP Code:    |
| Owned:  |                          | Rented:       |                          |              |
| Monthly payment or rent:  |                          |               | How long?                |              |
| Landlord's Name:  |                          |               | Landlord's Phone#:       |              |
| <b>Co-applicant Employment Information</b>  |                          |               |                          |              |
| Current employer:   |                          |               |                          |              |
| Employer address:   |                          |               |                          | How long?    |
| Phone:  |                          | E-mail:       |                          | Fax:         |
| City:   |                          | State:        |                          | ZIP Code:    |
| Position:   |                          |               | Monthly income:          |              |
| Supervisor's Name:  |                          |               | Supervisor's Phone#:     |              |
| <b>Co-Applicant: List other sources of income (other than present employment listed above)</b>                      |                          |               |                          |              |
| 1.  |                          |               |                          |              |
| 2.  |                          |               |                          |              |
| <b>Co-Applicant Emergency Contact</b>   |                          |               |                          |              |
| Name:   |                          |               | Relationship:            |              |
| Address:  |                          |               |                          |              |
| City:   |                          | State:        | ZIP Code:                | Phone:       |
| <b>Name and Relationship of persons to live with you</b>  |                          |               |                          |              |
| Name:   |                          | Birth Date:   | Relationship:            |              |
| Name:   |                          | Birth Date:   | Relationship:            |              |
| Name:   |                          | Birth Date:   | Relationship:            |              |
| <b>Personal References</b>  |                          |               |                          |              |
| Name:   |                          | Relationship: |                          | Phone:       |
|   |                          |               |                          |              |
|   |                          |               |                          |              |
| <b>Number of Vehicles</b>   |                          |               |                          |              |
| Year / Make:  |                          | Model:        | License Plate #:         |              |
| Year / Make:  |                          | Model:        | License Plate #:         |              |
| Year / Make:  |                          | Model:        | License Plate #:         |              |
| I hereby authorize the verification of information provided on this form regarding my credit and employment status. |                          |               |                          |              |
| <b>Signature of applicant:</b>  |                          |               |                          | <b>Date:</b> |
| <b>Signature of co-applicant:</b>   |                          |               |                          | <b>Date:</b> |
| Remarks (office use only):  |                          |               |                          |              |
|   |                          |               |                          |              |
|   |                          |               |                          |              |