



TENANT APPLICATION FORM



PLEASE NOTE: A non-refundable* processing fee of **\$15.00 per person** must be submitted with this Rental Application.

Property Information

Address: <input type="text"/>	Rent: <input type="text"/>	Deposit: <input type="text"/>
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Applicant History

Picture ID of applicants [] yes [] no

Applicant's Full Name (Last, First, Middle Initial)		Date of Birth	Social Security #	Driver License #
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone # Home <input type="text"/>	Phone # Work <input type="text"/>	Email: <input type="text"/>		
Co Applicant/Spouse Full Name (Last, First, Middle Initial)		Date of Birth	Social Security #	Driver License #
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone # Home <input type="text"/>	Phone # Work <input type="text"/>	Email: <input type="text"/>		

Applicant's Present Address	City	Zip	Dates From - To	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Monthly Payment <input type="text"/>	<input type="checkbox"/> Rent <input type="checkbox"/> Own	<input type="checkbox"/> Apartment <input type="checkbox"/> House		
Present Landlord's Name	Address	City	Zip	Phone #
<input type="text"/>				
Reason for Leaving: <input type="text"/>				

Applicant's Prior Address	City	Zip	Dates From - To	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Monthly Payment \$ <input type="text"/>	<input type="checkbox"/> Rent <input type="checkbox"/> Own	<input type="checkbox"/> Apartment <input type="checkbox"/> House		
Prior Landlord's Name	Address	City	Zip	Phone #
<input type="text"/>				
Reason for Leaving <input type="text"/>				

Other Occupants (besides applicants noted above)

1 -(Last, First, Middle Initial)	Age	2 -(Last, First, Middle Initial)	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 -(Last, First, Middle Initial)	Age	4 -(Last, First, Middle Initial)	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does Applicant or any Proposed Occupant smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Number of pets <input type="text"/> Type <input type="text"/>

Employment

Current Employer (if self-employed, name of business) Business Address			
<input type="text"/>			
Position	Type of Business	Dates: From - To	Monthly Income
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor	Supervisor Phone	Other Income \$	Source
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prior Employer (if self-employed, name of business) Business Address			
<input type="text"/>			
Position	Type of Business	Dates: From - To	Monthly Income
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor	Supervisor Phone	Other Income \$	Source
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouses Employment

Current Employer (if self-employed, name of business) Business Address			
<input type="text"/>			
Position	Type of Business	Dates: From - To	Monthly Income
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor	Supervisor Phone	Other Income \$	Source
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prior Employer (if self-employed, name of business) Business Address			
<input type="text"/>			
Position	Type of Business	Dates: From - To	Monthly Income
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor	Supervisor Phone	Other Income \$	Source
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Personal Reference:

Name of Nearest Relative:	Relationship:	Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Reference 1:	Relationship:	Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Reference 2:	Relationship:	Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contact (Name, address, phone, relationship):

Financial Info

Checking: bank and branch (include City/State) _____ Account # _____

Savings: bank and branch (include City/State) _____ Account # _____

Have you ever filed bankruptcy? Yes No County/State where Filed: _____ Year: _____

Have you or any proposed occupant ever: Been convicted of a felony? Yes No Describe: _____

Been evicted from a rental? Yes No Describe: _____

Defaulted on a lease? Yes No Describe: _____

Consent to Verification of Credit and other Information

I warrant, to the best of my knowledge, all of the information provided in this Application is true, accurate, complete and correct as of the date of this Application. If any information provided by me is determined to be false, such false statements will be grounds for disapproval of my Application or termination of my lease with Owner.

I understand and agree: (i) this is an **application** to rent only and does not guarantee that I will be offered the property, and (ii) Landlord or Manager or Agent may accept more than one application for the Property and, using their sole discretion, will select the best qualified applicant. I hereby authorize the Landlord, Manager, or Agent to verify the information provided and obtain a credit report on me.

Applicant's Signature: _____

Date: _____

Spouse's Signature: _____

Date: _____

See last page of application for instructions on how to pay your application fee via internet or with a money order via US Post to the address listed below. Once we have received both application and fee, we will contact you to make arrangement for a showing. For Canadian applicants, you will need to pay the application fee via credit card or have a bank account in the United States for paying by Echeck or send payment via money order in US Dollars to the following address:

Destination Maui, Inc.
841 Alua St. Suite 102
Wailuku, HI 96793





DESTINATION MAUI INC.
Property Management

VERIFICATION OF RENTAL HISTORY

To: _____ Fax # _____

We are requesting verification of rental history for the individual named below, who states they are a present or former tenant.

Please complete the information and fax to: 808 243 0086 Attn: _____
Thank you for your cooperation.

I hereby authorize you to release information regarding my tenancy to the inquiring landlord.

Tenant Signature

Date

Rental History for _____

Rental Property Address: _____

Date moved in _____ Moved Out _____ Monthly rent \$ _____

Was rent paid on time? Yes No Number of times late: _____ # of NSF's _____

Lease expires on _____ Proper Notice given? Yes No

Any Complaints and reason: _____

Would you rent to them again? Yes No

Name and Title of Person providing Information: _____

Telephone #: _____

PLEASE FAX THE COMPLETED FORM TO OUR OFFICE AT (808) 243 0086

INTERNET INSTRUCTIONS TO PAY APPLICATION FEE

Go to <https://cabpayments.mutualofomahabank.com/>

It will ask for a Onetime payment, register for scheduled payment, or log in as a user. Please select the **Onetime payment** . The next screen will be a fill in format.

Fill in the required Fields shown below (Red). The New Property section...please fill in exactly what is shown below.

After all required RED information is completed, you will have a choice of Billing Information. Select your form of payment - Bank Account for E-check or Credit Card. (E Check is free, credit card charge will have a nominal fee). Indicate the amount you are paying. NOTE: For Non-US Applicants, please be sure to click the Country box first.

* Required Fields

Personal Information

Title:

*First Name: Jane

MI:

*Last Name: Doe

Contact Information

*Email Address: Jane@mywebsite.com

*Home Phone: (999) 999-9999

*Work Phone: (999) 999-9999

Cell Phone: (999) 999-9999

New Property

*Type: Association

*Property Address: 841 Alua St. Suite 102

*Property City: Wailuku

*Property State: Hawaii

*Property Zip: - 96793

*Management Company ID: 6503

Management Company: This will automatically be filled in.

*Association ID: 0003

Association Name: This will automatically be filled in.

*Property Account Number: 21572.

Billing Information

Please select an account type.

Bank Account

Credit Card