



**RENTAL APPLICATION**  
**Hawaii Association of REALTORS® Standard Form**  
**Revised 12/17 (NC) For Release 5/20**



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**INSTRUCTIONS: The following is an explanation of the Rental Application process:**

**Application:**

- Each adult applicant must complete Rental Application.
- List the names of all occupants (including minors).
- There is a refundable application fee of \$ \_\_\_\_\_  
 (Application fee is payable to Waikoloa Plaza LLC \_\_\_\_\_).  personal check     cashier's check  
 cash  money order  electronic payment  \_\_\_\_\_
- **Verification of employment and income** must be provided (i.e. copy of current pay stub, tax returns, bank statements, etc.).
- Provide any additional information (i.e. letters of reference, etc.).
- Picture ID required.

**\*\*Any information missing from the Rental Application (i.e. telephone numbers, previous landlord's name, signatures, etc.) or if Rental Application fee is not received; the Rental Application will be considered **INCOMPLETE and will NOT be processed.****

**Submitting Rental Application: (Choose only one)**

- Hand deliver or mail to management office at:  
 Company name and address PO Box 384947, Waikoloa, HI 96738
- Fax number N/A
- Email directly to: Agent's name Tamara Garay Agent's email address leasing@loftsatwaikoloa.com

**\*\*When faxing or emailing Rental Application, please make arrangements to get monies for the Rental Application fee either dropped off, mailed to management office, or \_\_\_\_\_**

**Processing:**

- Once a completed Rental Application is submitted, processing time will vary depending on various factors.
- Co-signers for an applicant must provide their own completed Rental Application, fee, and verification of income.
- Rental Applications are evaluated based on credit, income qualifications, and rental history.
- Rental Application is for qualification purposes only and does not in any way guarantee the applicant that he/she will be offered this property. Applicant understands that more than one application on this rental property may be received and considered.

**\*\*Once approved, the applicant must respond and set a time within 24 hours to sign a Rental Agreement and pay the deposit or offer to rent may be rescinded.**

**\*\*Managing Agent may require Renter's Insurance prior to occupancy.**

**At the time of signing the Rental Agreement, a picture ID is required. Payment for a security deposit is payable by  personal check  cashier's check  cash  money order  electronic payment  \_\_\_\_\_**



RENTAL APPLICATION

Rental Application fee of \$ \_\_\_\_\_ per adult applicant. Received by: \_\_\_\_\_  
Amount rec'd: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Payment method: \_\_\_\_\_

Rental Property Location: 68-1820 Waikoloa Road, Waikoloa, HI 96738 Prop Code: \_\_\_\_\_  
When would you like to move in? \_\_\_\_\_ Desired length of lease \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Proposed Tenants/Occupants (one application per adult)

Full Name (First MI Last): \_\_\_\_\_ SS# \_\_\_\_\_  
State Driver's License# \_\_\_\_\_ State ID# \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_ , \_\_\_\_\_  
Email address(s): \_\_\_\_\_

List all

Other Occupant: \_\_\_\_\_  
Other Occupant: \_\_\_\_\_  
Other Occupant: \_\_\_\_\_

Will any animals be living with you? Please explain: \_\_\_\_\_ weight/age \_\_\_\_\_

Note: Pets require prior written approval and possible additional deposit.

Housing Information:

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Move in date: mo \_\_\_\_\_ yr \_\_\_\_\_ Move out date: mo \_\_\_\_\_ yr \_\_\_\_\_

Amount of rent paid: \$ \_\_\_\_\_ Reason for moving: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Move in date: mo \_\_\_\_\_ yr \_\_\_\_\_ Move out date: mo \_\_\_\_\_ yr \_\_\_\_\_

Amount of rent paid: \$ \_\_\_\_\_ Reason for moving: \_\_\_\_\_

Personal Information:

- 1) Does anyone in your party smoke? Yes [ ] No [ ]
- 2) Do you carry Renter's Insurance Yes [ ] No [ ]

The property owner carries insurance on the dwelling only.

- 3) Have you declared bankruptcy or had a foreclosure in the past seven (7) years? Yes [ ] No [ ]
- 4) Have you had any late payments in the past year? Yes [ ] No [ ]
- 5) Have you ever been evicted? Yes [ ] No [ ]

If yes, explain \_\_\_\_\_

- 6) Have you ever been convicted of or pleaded guilty or "no contest" to a felony? Yes [ ] No [ ]

If yes, explain \_\_\_\_\_

Have you been a party to any litigation in the past 10 years? Yes [ ] No [ ]

- 7) Where did you learn about this property? \_\_\_\_\_

APPLICANT'S INITIALS & DATE

**Employment Information:**

Status  Full Time  Part Time  Full Time Student  Part Time Student  Unemployed  
 Self Employed  Retired

**Employer:** \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ How long employed? \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ How long employed? \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

**Other Income:** \$ \_\_\_\_\_ Source: \_\_\_\_\_

**Housing Assistance :** \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Case Worker's Name:** \_\_\_\_\_ Phone #: \_\_\_\_\_

**Military Personnel Only:**

Branch of Service: \_\_\_\_\_ Duty Station: \_\_\_\_\_ Rank: \_\_\_\_\_

Length of Service: \_\_\_\_\_ yrs. Date of Rotation: \_\_\_\_\_ Housing Allowance: \_\_\_\_\_

Position: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Commanding Officer: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Bank Data:**

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Checking  Savings

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Checking  Savings

**Auto Data:**

Auto Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Auto Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

**Personal References (Hawaii Resident Preferred):**

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Nearest Living Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I HEREBY AUTHORIZE CONSUMER REPORTING AGENCIES TO PROVIDE YOU WITH CONSUMER REPORTS RELATING TO ME. I HEREBY GIVE MY PERMISSION FOR YOU TO VERIFY ALL INFORMATION. I HEREBY CERTIFY THAT ALL THE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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