

## **Ala Wai King Apartments**

## **Rental Application**

www.alawaiking.com

2003 Ala Wai Blvd Phone (808) 951-3300 Fax (808) 949-2063 info@alawaiking.com

THIS APPLICATION MAY BE SUBMITTED TO RENTCHECK FOR VERIFICATION. PLEASE FURNISH ALL INFORMATION REQUESTED FOR EACH APPLICANT. USE ANOTHER SHEET OF PAPER IF NEEDED AND REFER TO THE LINE BY TITLE. EACH APPLICANT MUST SIGN THIS APPLICATION

ALL INFO IS CONFIDENTIAL		Anticipated Move in Date: ()						
PERSONAL INFORMATION	Desired Length of Lease: (						)	
APPLICANT Name (First &			BIRTHDATE:					
					SSN or Pass	port#:		
SPOUSE/Other APPLICAN			BIRTHDATE:					
					SSN or Pass	port#:		
How Long Been in HI? Phone No. w/area code			Apply as Roommate? Roommate Name:					
Yrs. Mos	-			E-Mail Addr	ess:			
<b>HOUSING DATA (Last 5 y</b>	ears)							
Present Address			Landlord's Nam	e (To Whom	you pay rent)			Landlord's Phone No:
City State Zip Code		Zip Code	Shared with Othe					Applicant Monthly:
Previous Address			Previous <b>Landlo</b>	rd's Name				Phone No:
City	State	Zip Code	Shared with Othe	•	From: Mo/Yr	To: Mo/Yr	Rent Paid by	Applicant Monthly:
Why Are You Moving?				•				
EMPLOYMENT/STUDENT	DATA							
Employer/School		Address			Supervisor			Phone No:
Type of Company/School		How Long at Present Job/School		ool?	Salary/Tuition I		Position Held/Major	
Previous Employer		Date Employed		Salary	Position Held		•	Phone No.
Spouse's/Other Employer		Date Employed		Salary	Position Held			Phone No.
Other Income Amount	ner Income Amount Other Income Source				Other Income Amount		Other Income Source	
BANKING INFORMATION								<u>!</u>
Bank Name			Branch		Savings Account No:		Checking Account No:	
Bank Name		Branch		Savings Account No:		Checking Account No:		
PERSONAL REFERENCE	S						1	
Name of nearest living relative (Anywhere)			Relationship		Address			Phone No.
Personal Reference (Hawaii Resident)			Relationship		Address			Phone No.
Personal Reference (Hawaii Resident)			Relationship		Address		Phone No.	
AND LEGAL NEED TO MA OR LEASE OTHER DWEL	INI-CHECK AN IKE AN INQUIF LING UNITS. ONSUMER RE IND RENTCHE	D RENTCHEORY. I ALSO U PORTING AG	CK AND SUCH IN NDERSTAND THA SENCIES TO PRO TY THE ABOVE IN	FORMATION AT CAUSING OVIDE YOU W NFORMATION	I WILL BE FUR S A FINANCIAL JITH CONSUMI N AND I UNDEI	NISHED TO S LOSS MAY L ER REPORTS RSTAND THA	SUBSCRIBERS IMIT MY ABILI S RELATING T IT SHOULD YO	S WHO HAVE A BONAFIDE ITY TO OBTAIN CREDIT O ME. I HEREBY GIVE MY
MANAGER'S SIGNAT	ΓURE		DATE	-	APPLICAN	IT'S SIGNA	TURE	DATE