

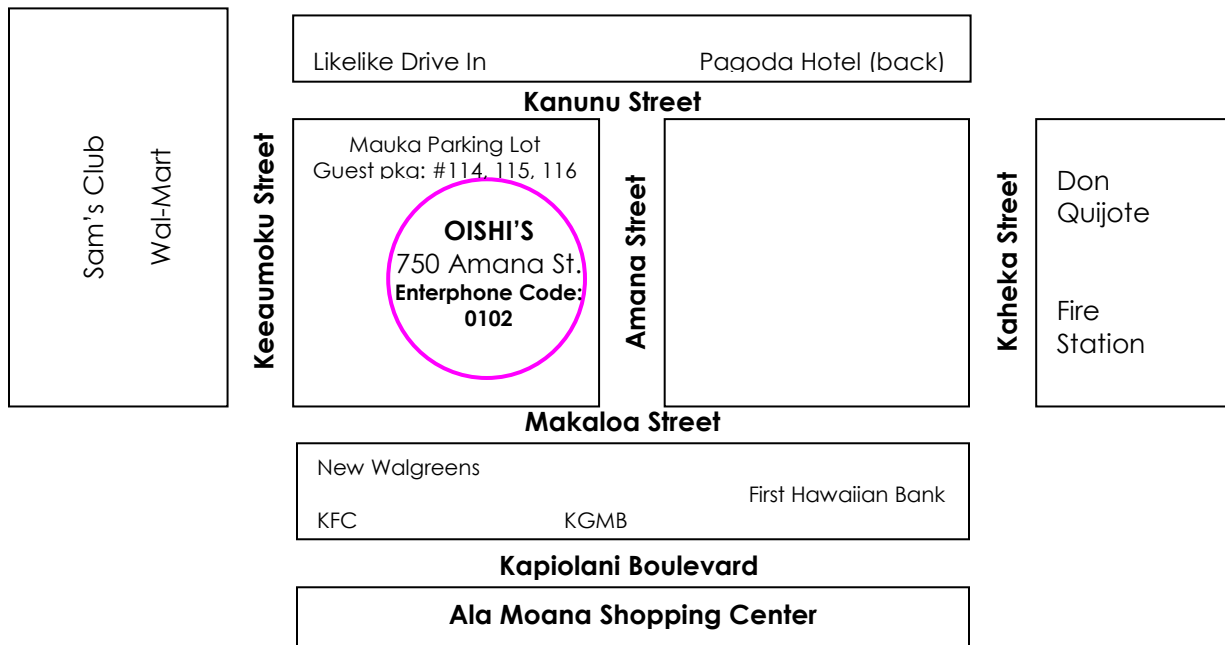


750 Amana Street, Suite #102, Honolulu, HI 96814
Phone: 949-9499

INSTRUCTIONS FOR RENTAL APPLICANTS

All applicants are verified with Experian Credit Reporting. In order to process your application promptly, we ask for the following:

- **All of our properties have the following 5 conditions:**
 1. They are available for immediate occupancy.
 2. Minimum lease term is one (1) year.
 3. No pets are allowed.
 4. No smoking inside the unit or on the property.
 5. Units are rented as shown.
- **Submit your Application in person:**
 1. Monday through Friday between 8:30 a.m. and 4:30 p.m. NO FAXED APPLICATIONS.
 2. Applications must be filled out COMPLETELY and PRINTED LEGIBLY.
 3. All applicants 18 or over must complete a separate application.
- **Application requirements:**
 1. Present picture identification **and** Social Security card or a Passport
 2. Proof of income as follows:
 - a. Employed: Copies of your last 2 pay stubs
 - b. Self-employed: Copies of the first page of your personal (not company) Tax Form 1040 for the past 2 years
 - c. Unemployed or student: Copies of documentation of your source of funds such as savings statements, etc.
- **Non-refundable application processing fee of \$20 per applicant; \$40 maximum per property:**
 1. All tenants 18 years or older must complete an application.
 2. **Cash or certified funds ONLY accepted for the application fee. NO PERSONAL CHECKS.**
- **If selected, please remember the following:**
 1. **All parties must be present at the scheduled date and time** to sign the Rental Agreement.
 2. **Allow 45 minutes** to complete the paperwork, turn on the electricity, etc.
 3. **The security deposit and prorated first month's rent is due at lease signing. CERTIFIED FUNDS ONLY** (certified check or money order). NO CASH and NO PERSONAL CHECKS. Your subsequent rent payments may be made by personal check.





Oishi's Property Management
750 Amana St, Suite #104
(808) 949-9499

LAST 2 PAY STUBS REQUIRED!
No Pets Allowed
No Smoking

RENTAL APPLICATION

This application must be submitted IN PERSON for verification. Please furnish all information requested. Incomplete or inaccurate information may cause for disapproval. YOU MUST SIGN THIS APPLICATION.

HOW LONG IN HAWAII? YRS. MOS.	DATE WOULD LIKE TO MOVE IN	APPLYING FOR PROPERTY AT			RENT AMOUNT	DATE SHOWN?	SHOWN BY?
APPLICANT'S NAME				SOCIAL SECURITY NUMBER	CELL #	HOME #	WORK #
EMAIL							
SPOUSE'S NAME (NEEDED FOR CREDIT INFORMATION)				SOCIAL SECURITY NUMBER	CELL #	HOME #	WORK #
EMAIL							
TOTAL # OF OCCUPANTS	OTHER OCCUPANT NAMES (AGES IF MINOR):						
HOUSING DATA	PRESENT ADDRESS	FROM	LANDLORD'S NAME		TELEPHONE NUMBER	RENT PAID	
	CITY	STATE	ZIP	WHY ARE YOU MOVING?			
	PREVIOUS ADDRESS	FROM	TO	LANDLORD'S NAME	TELEPHONE NUMBER	RENT PAID	
	CITY	STATE	ZIP	REASON YOU MOVED TO YOUR PRESENT ADDRESS?			
MILITARY	IF MILITARY, REASON FOR OFF BASE HOUSING?			PAY GRADE OR RANK	HOUSING ALLOWANCE		ROTATION DATE
APPLICANT EMPLOYMENT DATA	PRESENT EMPLOYER			NET MONTHLY SALARY	POSITION HELD		DATE EMPLOYED FROM
	ADDRESS			SUPERVISOR		TELEPHONE NUMBER	
	PREVIOUS EMPLOYER	FROM	TO	NET MONTHLY SALARY	POSITION HELD	SUPERVISOR	TELEPHONE NUMBER
SPOUSE EMPLOYMENT DATA	SPOUSE'S EMPLOYER	FROM	TO	NET MONTHLY SALARY	POSITION HELD	SUPERVISOR	TELEPHONE NUMBER
OTHER INCOME	OTHER INCOME (SOURCE)	AMOUNT		OTHER INCOME (SOURCE)	AMOUNT		
AUTO DATA	AUTOMOBILE (MAKE)	LICENSE NUMBER		AUTOMOBILE (MAKE)	LICENSE NUMBER		
PERSONAL REFERENCES	IN CASE OF EMERGENCY, NOTIFY	RELATIONSHIP		ADDRESS	CELL # or HOME #	WORK #	
	IN CASE OF EMERGENCY, NOTIFY	RELATIONSHIP		ADDRESS	CELL # or HOME #	WORK #	
	PERSONAL REFERENCE (HAWAII RESIDENT)	RELATIONSHIP		ADDRESS	CELL # or HOME #	WORK #	
BACKGROUND INFORMATION	HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY OR "NO CONTEST" TO A FELONY (WHETHER OR NOT CONVICTED)?	YES?	NO?	EXPLAIN			
	HAVE YOU EVER BEEN EVICTED?	YES?	NO?	EXPLAIN			

I HAVE READ THE ABOVE FORM AND I UNDERSTAND THAT IF I CAUSE A FINANCIAL LOSS TO MY LANDLORD, THAT MY NAME MAY BE PLACED IN THE FILES OF CREDIT AGENCIES AND SUCH INFORMATION WILL BE FURNISHED TO SUBSCRIBERS WHO HAVE A BONAFIDE AND LEGAL NEED TO MAKE AN INQUIRY. ALSO, I UNDERSTAND THAT CAUSING A FINANCIAL LOSS MAY LIMIT MY ABILITY TO OBTAIN CREDIT OR LEASE OTHER DWELLING UNITS.

I HEREBY AUTHORIZE CONSUMER REPORTING AGENCIES TO PROVIDE YOU WITH CONSUMER REPORTS RELATING TO ME. I HEREBY GIVE MY PERMISSION FOR YOU TO VERIFY THE ABOVE INFORMATION AND I UNDERSTAND THAT SHOULD YOU HAVE TO CALL THE MAINLAND OR THE OTHER ISLANDS FOR SUCH VERIFICATION THAT I WILL BE CHARGED THE COST OF THE CALL.

_____/_____/_____
TENANT APPLICANT SIGNATURE

_____/_____/_____
DATE

_____/_____/_____
TENANT APPLICANT SIGNATURE

_____/_____/_____
DATE

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