



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

APR #



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 be cause for disapproval. YOU MUST SIGN THIS APPLICATION.

HOW LONG IN HAWAII? YRS. MOS.	DATE WOULD LIKE TO MOVE IS	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	
	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 BONAFIED 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.

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