

West Oahu Realty, Inc.

Rental Agents Name:

Rental Application

Ph: 676-8858 Fax: 676-8872

Applicant Information

Name:		Property Address Applying for:	
SSN:		Phone:	
Current address:			
City:		State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:		How long?
Proposed Occupants:			
Reason for Leaving?			
Landlord's Name:		Landlord's Ph#:	
Previous Address:		From:	To: Rent amount:

Employment Information

Current employer:			
Employer address:			
City:		State:	ZIP Code:
Position:		Hourly Salary (Please Circle) Amount \$	
Supervisor's Name:		Supervisor's Ph#:	

Co-applicant Information, if Married

Name:			
SSN:		Phone:	
Current Address:			
City:		State:	ZIP Code:
Own Rent (Please Circle)	Monthly payment or rent:		How Long?

Co-applicant Employment Information

Current employer:			
Employer address:			
City:		State:	ZIP Code:
Position:		Hourly Salary (Please Circle)	
Supervisor's Name:		Supervisor's Ph#:	

References

Name:	Address:	Phone:

Emergency Contact

Name of a person not residing with you:			
Address:			
City:		State:	ZIP Code: Phone:
Relationship:			

I authorize you and grant you permission to check my credit history, and to report to others your credit experience with me, including obtaining a current report upon receipt of this application and subsequently for the purpose of an update, renewal or extension of credit.

Signature of applicant:	Date:
Signature of co-applicant:	Date:

Good Tenant Would Recommend Caution for The Following Reasons Bad Checks \$ _____
 Skipped (Date: _____) Evicted (Date: _____) Unpaid Rent \$ _____
 Damage \$ _____ Pilferage _____ Total Owed: \$ _____

Condition of Vacated Dwellings: _____
Print Manager's Name: _____ Date: _____
Manager's Signature: _____