

Summers Realty – Rental Application

1310 Inia St, Kapaa, HI 96746
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Rental Information			
Address of Rental:			
Date of application:	Desired date of occupancy:	Monthly Rent:	
Applicant Information			
Name:			
Date of birth:	SSN:	Cellular phone:	
Home phone:	Work phone:	E-mail:	
Current address:			
City:	State:	ZIP Code:	
Own:	Rent:	Monthly payment or rent:	How long?
Landlord's Name:		Landlord's Phone #:	
Reason for moving:			
Previous address:			
City:	State:	ZIP Code:	
Owned:	Rented:	Monthly payment or rent:	How long?
Landlord's Name:		Landlord's Phone #:	
Reason for moving:			
Applicant Employment Information			
Employer Name :			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:		Monthly income:	
Supervisor's Name:		Supervisor's Phone #:	
List other sources of income (other than present employment listed above)			
1.			
2.			
Applicant Emergency Contact			
Name:		Relationship:	
Address:			
City:	State:	ZIP Code:	Phone:
Do you smoke? No: Yes:	Do you have pets? No: Yes: (If yes list below)		
Number of pets:	Breed:	Weight:	Age
Have you ever:			
Been evicted? No: Yes:	Declared bankruptcy? No: Yes:		
Been convicted of a felony? Explain:			
Applicant Banking and Credit References			
Bank:	Checking Account #:		
Bank:	Savings Account #:		

Co-applicant Information			
Name:			
Date of birth:		SSN:	Phone:
Current address:			
City:		State:	ZIP Code:
Own:	Rent:	Monthly payment or rent:	How long?
Landlord's Name:		Landlord's Phone #:	
Previous address:			
City:		State:	ZIP Code:
Owned:	Rented:	Monthly payment or rent:	How long?
Landlord's Name:		Landlord's Phone#:	
Co-applicant Employment Information			
Current employer:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:		State:	ZIP Code:
Position:		Monthly income:	
Supervisor's Name:		Supervisor's Phone#:	
Co-Applicant: List other sources of income (other than present employment listed above)			
1.			
2.			
Co-Applicant Emergency Contact			
Name:		Relationship:	
Address:			
City:	State:	ZIP Code:	Phone:
Name and Relationship of persons to live with you			
Name:	Birth Date:	Relationship:	
Name:	Birth Date:	Relationship:	
Name:	Birth Date:	Relationship:	
Personal References			
Name:	Relationship:		Phone:
Number of Vehicles			
Year / Make:	Model:	License Plate #:	
Year / Make:	Model:	License Plate #:	
Year / Make:	Model:	License Plate #:	
I hereby authorize the verification of information provided on this form regarding my credit and employment status.			
Signature of applicant:			Date:
Signature of co-applicant:			Date:
Remarks (office use only):			