

# Rental Application

## Summers Realty, Inc.

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(808) 822-5876

Rental Information			
<b>Address of Rental:</b>			
Date of application:	Desired date of occupancy:	Monthly Rent:	
Applicant Information			
<b>Name:</b>			
Date of birth:	Home #	Cellular phone:	
Home phone:	Work phone:	E-mail:	
<b>Current address:</b>			
City:	State:	ZIP Code:	
Own:	Rent:	Monthly payment or rent:	How long?
Landlord's Name:		Landlord's Phone #:	
Reason for moving:			
<b>Previous address:</b>			
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			
<b>Name:</b>		<b>Relationship:</b>	
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
<b>Have you ever:</b>			
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 #:	

<b>Co-applicant Information</b>			
Name:		Email:	
Date of birth:	Home Phone:	Cell Phone:	
<b>Current address:</b>			
City:		State:	ZIP Code:
Own:	Rent:	Monthly payment or rent:	How long?
Landlord's Name:		Landlord's Phone #:	
<b>Previous address:</b>			
City:		State:	ZIP Code:
Owned:	Rented:	Monthly payment or rent:	How long?
Landlord's Name:		Landlord's Phone#:	
<b>Co-applicant Employment Information</b>			
Current employer:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:		State:	ZIP Code:
Position:		Monthly income:	
Supervisor's Name:		Supervisor's Phone#:	
<b>Co-Applicant: List other sources of income (other than present employment listed above)</b>			
1.			
2.			
<b>Co-Applicant Emergency Contact</b>			
Name:		Relationship:	
Address:			
City:	State:	ZIP Code:	Phone:
<b>Name and Relationship of persons to live with you</b>			
Name:	Birth Date:	Relationship:	
Name:	Birth Date:	Relationship:	
Name:	Birth Date:	Relationship:	
<b>Personal References</b>			
Name:	Relationship:	Phone:	
<b>Number of Vehicles</b>			
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. I hereby certify that the above information is true and accurate to the best of my knowledge.			
<b>Signature of applicant:</b>			<b>Date:</b>
<b>Signature of co-applicant:</b>			<b>Date:</b>
Remarks (office use only):			