



Prudential Commercial Services Iwado Realty
296-A Alamaha Street, Kahului, Maui HI 96732
Maui (808) 877-9000, Oahu (808) 536-5515
FAX (808) 877-5078
www.iwado.com

ATTENTION ALL APPLICANTS !!!

Before you proceed to complete the attached rental application, please read the following qualification requirements and general instructions .

- **ALL SECTIONS OF THE ATTACHED APPLICATION MUST BE FILLED OUT COMPLETELY AND LEGIBLY. IF YOU DO NOT PROVIDE ALL THE INFORMATION REQUESTED, IT WILL DELAY THE PROCESSING OF YOUR APPLICATION. IF ANY SECTION IN THE APPLICATION DOES NOT PERTAIN TO YOU. PLEASE WRITE "N/A".**
- Each application over 18 years of age, (including spouse) who will be residing at the interested rental premises **must** submit a separate application.
- A non-refundable processing fee of **\$25.00 per person, (cash only, exact change please)** Must be submitted with this Rental application. This fee covers a credit-processing fee.
- **Please have a current Driver's License and Social Security card ready for each applicant. (We need to photocopy for our file)**
- Please provide full names, current numbers, and complete addresses for all **EMPLOYER AND LANDLORD** sections.
- Please be sure to sign under section, **Authorization**.
- Rental Agreements are for a minimum of (6) months.
- If you have any questions concerning your applications, please call: **Kathy Kelly Property Management Administration at: 808-270-9110.**
- Please return COMPLETED application(s) to our office located at:
296-A Alamaha Street, Kahului, HI 96732

Thank you for applying with Prudential Commercial Services Iwado Realty.

Management



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OFFICE USE ONLY:

\$25.00 (CASH ONLY, EXACT CHANGE) WAS RECEIVED.
 Receipt # _____

INSPECTION OF A CURRENT DRIVER'S LICENSE and
 SOCIAL SECURITY CARD IS REQUIRED. (attach photocopies)
 Verified by _____ Date _____

ADDRESS OF PREMISES TO BE RENTED:

Monthly Rent: \$ _____

RENTAL APPLICATION

Full Legal Name: _____ Maiden/Other Names Used: _____
LAST, FIRST, MIDDLE

Social Security Number: _____ Date of Birth: _____ Current Home Phone Number: () _____

Other Contact Number(s): _____ cell pager other

Driver's License Number: _____ State Issued: _____ Expiration Date: _____
(Month/Day/Year)

Current Home/Street Address: _____
(Street Name) (Apt.#) (City) (State) (Zip)

Current Mailing Address: _____
(Street Name or PO Box) (Apt.#) (City) (State) (Zip)

Date you moved in: _____ Monthly payment: \$ _____ Rent Own
month/day/year

Have you given 28 days written notice to terminate? Yes No (please explain): _____

Current Landlord's Name: _____ Address: _____
LAST, FIRST (Street/P.O.Box) (Apt.#) (City) (State) (Zip)

Current Landlord's Phone: () _____ Your reason for moving: _____

Please list **ALL** other occupants who will be living with you:

- 1) _____ 2) _____
LAST, FIRST relationship LAST, FIRST relationship
- 3) _____ 4) _____
LAST, FIRST relationship LAST, FIRST relationship

Do you or any of the above persons smoke? yes no

IF YOU HAVE LIVED AT THE ABOVE ADDRESS FOR LESS THAN 5 YEARS, PLEASE LIST YOUR 2 PREVIOUS RESIDENCES, STARTING WITH THE MOST RECENT:

1st Previous Address: _____ Apt #: _____ Monthly pmt: \$ _____ rent own

From: _____ To: _____ Reason for moving: _____

Landlord's Name: _____ Address: _____ Phone: _____
LAST, FIRST

2nd Previous Address: _____ Apt #: _____ Monthly pmt: \$ _____ rent own

From: _____ To: _____ Reason for moving: _____

Landlord's Name: _____ Address: _____ Phone: _____
LAST, FIRST

Do you have, or intend to have any pets? yes Type: _____ no Any water-filled furniture or aquariums? yes no

Are you currently on parole or probation anywhere? No Yes (please explain and give the name and # of your officer: _____)

CURRENT OCCUPATION: (Military applicants please go to "Military Service" on next page)

Current Employer: _____ Address: _____
(Street) (City) (State) (Zip)

Supervisor's Name: _____ Phone: () _____ Dates of employment _____ to _____
LAST, FIRST

Monthly gross pay: \$ _____ Job Title: _____

Duties: _____