

01/01/06

WAIAKEA LAGOON VIEW APARTMENTS (WLV)

50-A Maile Street # 33
Hilo, Hawaii 96720
Phone/Fax: (808) 969-7160
Phone: (808) 969-6902

We provide equal housing opportunity and follow all laws of the landlord tenant code. Chapter 521. of the Hawaii Revised Statutes.

Please print clearly. Incomplete applications will not be processed. A picture I.D. required before processing applications.

APPLICATION FOR RENTAL

Have you applied with us before? No: _____ Yes: _____ When: _____

List names of those who will live in the unit:

- 1. _____ date of birth: _____ SS#: _____
- 2. _____ date of birth: _____ SS#: _____
- 3. _____ date of birth: _____ SS#: _____
- 4. _____ date of birth: _____ SS#: _____

Mailing address: _____

Present address: (Other than family)

Street _____ Apt# _____ City/State _____ Zip _____
Rent paid per month _____ Date rented from _____ to _____
Landlord name _____ Landlord phone # _____
Reason for leaving _____

Previous address: (Other than family)

Street _____ Apt # _____ City/State _____ Zip _____
Rent paid per month _____ Date rented from _____ to _____
Landlord name _____ Landlord phone # _____
Reason for leaving _____

Prior address: (Other than family)

Street _____ Apt# _____ City/State _____ Zip _____
Rent paid per month _____ Date rented from _____ to _____
Landlord name _____ Landlord phone # _____
Reason for leaving _____

Applicant: _____ Place of employment: _____

*** Monthly income (Gross) _____ How long: _____

Supervisor name _____ Phone # _____

Co-Applicant: _____ Place of employment: _____

*** Monthly income (Gross) _____ How long _____

Supervisor name: _____ Phone # _____

If you received other income, please specify below:

Applicant: _____ Source of income: _____ ** Monthly amount: _____
Co-Applicant: _____ Source of income: _____ ** Monthly amount: _____
Rent Subsidy? (Explain): _____

* To be used for credit check purposes only.

* We may request for verification such as last two pay stubs or other verification documentation.

Provide two(2) personal references (other than family).

Name: _____ Address: _____ Phone No: _____

1. _____

2. _____

Make of Vehicle _____ Year _____ Color _____

Make of Vehicle _____ Year _____ Color _____

Do you have pets: Yes _____ No _____

Do you have own furniture Yes _____ No _____

Have any of the applicants ever been convicted for the manufacture of possession of illegal drugs or convicted of the crimes involving violence (ex: robbery, assault, domestic abuse, etc.) If yes, please explain (year convicted and circumstances).

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Relationship: _____

Address: _____ City/ State/ Zip _____

Phone no: _____

By signing below, you acknowledge that you understand and agree to all of the following items.

1. No pets (unless first getting the consent of Landlord)
2. Those who have not previously lived together and have different rental references must complete separate applications.
3. All adults (18years old and over) must complete and sign the application. Applications that are not COMPLETELY filled out or not signed by all adults will not be processed.
A photo I.D. (Driver=s license or other government issued photo I.D.) may be requested To be shown when turning in the application.
4. If you apply with someone else to live in the same unit and that person is disapproved, you will also be disapproved. Only approved applicants are to be authorized to rent/live in any rental unit.

