



Sailors Realty

RENTAL APPLICATION

Instructions: A separate application must be filled out by each applicant. Completely fill out each blank and sign where indicated. The more complete your application is the more chances you have of it being approved. The criteria for choosing applicants is: 1- Good Rental History; 2-Good Work History; 3- Good Credit History

FAX BACK TO (808)214-1237

You must submit \$20 per adult for the cost of processing your credit check, payable to Sailors Realty,

FOR RENTAL UNIT LOCATED AT	RENTAL TERM FROM: TO:	MONTHLY RENT
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PERSONAL

APPLICANT	DATE OF BIRTH	CONTACT PHONE #	SOCIAL SECURITY #
SPOUSE	DATE OF BIRTH	CONTACT PHONE #	SOCIAL SECURITY #

PROPOSED OCCUPANTS

NAME	SOCIAL SECURITY #	RELATIONSHIP	Date of Birth

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Explain any "YES" answers on the comments section of this form or on a separate page with names and details.

- | | | |
|---|--------|---|
| Do you have any Pets? | Yes No | If yes, give number, type, and size of pet(s) |
| Has any signer ever been sued for bills? (Collection Company) | Yes No | E-mail Address:

_____ |
| Has any signer ever declared bankruptcy? | Yes No | |
| Has any signer ever broken a lease? | Yes No | |
| Has any signer ever been sued for eviction? | Yes No | |
| Has any signer ever been convicted of a felony? | Yes No | |

Is the total move-in amount available now (first month's rent & deposit)? Yes No

Do you or any of your party have any allergies or are you sensitive to dust, animal dander, building material fumes, mold? Yes No

AUTOMOBILES

MAKE	MODEL	COLOR	YEAR	LICENSE PLATE
MAKE	MODEL	COLOR	YEAR	LICENSE PLATE
MAKE	MODEL	COLOR	YEAR	LICENSE PLATE

HOUSING DATA

PRESENT ADDRESS	CITY, STATE	PERIOD FROM TO	RENT PAID
WHY ARE YOU MOVING	IS RENT PAID UP TO DATE?	WERE YOU ASKED TO LEAVE?	LANDLORDS NAME TELEPHONE NUMBER
PREVIOUS ADDRESS	CITY, STATE	PERIOD FROM TO	RENT PAID
WHY DID YOU MOVE	WAS RENT PAID UP TO DATE? YES	WERE YOU ASKED TO LEAVE?	LANDLORDS NAME TELEPHONE NUMBER

EMPLOYMENT DATA

EMPLOYER	ADDRESS	HIRE DATE	MONTHLY INCOME AFTER TAX
POSITION / RANK	SUPERVISOR / MANAGER	PHONE	HOUSING ALLOWANCE ROTATION DATE
PREVIOUS EMPLOYER	ADDRESS	FROM / TO	MONTHLY INCOME AFTER TAX
POSITION / RANK	SUPERVISOR / MANAGER	PHONE	HOUSING ALLOWANCE ROTATION DATE
SPOUSE EMPLOYER	ADDRESS	HIRE DATE	MONTHLY INCOME AFTER TAX
POSITION / RANK	SUPERVISOR / MANAGER	PHONE	HOUSING ALLOWANCE ROTATION DATE
OTHER INCOME	FREQUENCY	DETAILS - PLEASE PROVIDE NAMES AND PHONE NUMBER OR STATEMENTS SO WE CAN VERIFY THIS INFORMATION	

BANK DATA

BANK	BRANCH	CHECKING ACCOUNT BALANCE	SAVINGS ACCOUNT BALANCE
BANK	BRANCH	CHECKING ACCOUNT BALANCE#	SAVINGS ACCOUNTBALANCE

CREDIT/LOAN DATA

CREDIT CARD NAME	CURRENT BALANCE	CREDIT CARD LIMIT	MONTHLY PAYMENTS	CURRENT YES NO
CREDIT CARD NAME	CURRENT BALANCE	CREDIT CARD LIMIT	MONTHLY PAYMENTS	CURRENT YES NO
LENDER NAME	CURRENT BALANCE	BALANCE OF THE LOAN	MONTHLY PAYMENTS	CURRENT YES NO
LENDER NAME	CURRENT BALANCE	BALANCE OF THE LOAN	MONTHLY PAYMENTS	CURRENT YES NO
LENDER NAME	CURRENT BALANCE	BALANCE OF THE LOAN	MONTHLY PAYMENTS	CURRENT YES NO

REFERENCES

1- PERSONAL REFERENCE	PHONE #	2- PERSONAL REFERENCE	PHONE #
NAME OF NEAREST LIVING RELATIVE	RELATIONSHIP	ADDRESS	PHONE #
IN CASE OF AN EMERGENCY NOTIFY:	RELATIONSHIP	ADDRESS	PHONE #

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize you to release to Sailors Realty any and all information that they may require for the purpose of a credit transaction. This includes obtaining a personal Experian credit report on applicant and/or co-applicant where and when applicable to this application.

I/We also agree that a photocopy or fax copy of this document shall be as valid as the original and will suffice as an authorized signature to release information on all financial accounts related to this transaction.

PLEASE PRINT ALL INFORMATION

_____ Applicant's Name (First – Middle – Last)	_____ Co-Applicant's Name (First – M. – Last)
_____ Social Security Number	_____ Social Security Number
_____ Current Street Address	_____ Current Street Address
_____ Current City, State, Zip Code	_____ Current City, State, Zip Code
_____ Date of Birth	_____ Date of Birth
_____ Today's Date	_____ Today's Date

Applicant also authorizes the Sailors Realty to contact past and present landlords, employers, creditors, credit bureaus, references, and any other sources deemed necessary to investigate applicant.

All the information is true, accurate, and complete to the best of applicant's knowledge. Owner reserves the right to disqualify tenant or terminate a rental agreement if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

_____ Applicant	_____ Date	_____ Applicant	_____ Date
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***** OFFICE USE ONLY *****

Account 4205 Code 208 Contact: Dan O'Hanlon Fax # (808) 214-1237

Please specify type of report needed:

- CREDIT REPORT CREDIT WITH NATIONAL RISK SCORE (0-1000, LOWER IS BETTER)
- CREDIT REPORT WITH FAIR ISSAC SCORE (360-840, HIGHER IS BETTER)
- CREDIT REPORT WITH STATEWIDE LEGAL (Bankruptcies, Liens, Judgments, Unlawful Detainers)
- CREDIT REPORT WITH NATIONAL RISK SCORE AND STATEWIDE LEGAL
- CREDIT REPORT WITH FAIR ISSAC SCORE AND STATEWIDE LEGAL
- CREDIT REPORT WITH NATIONAL RISK SCORE, STATEWIDE LEGAL & PROFILE SUMMARY