

West Oahu Realty, Inc.**Rental Application**

Rental Agents Name:
Property Address Applying For:

Office #808-676-8856 Fax #808-676-8872

Email: smrental@westoahurealty.com

debihawaii@hotmail.com

Applicant Information

Name:		Email Address:	
SSN:	DOB:	Driver's License #	State:
Current address:		Phone:	
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		How long?
Other Occupants:			

Reason for Leaving?

Landlord's Name:	Landlord's Ph#:
Previous Address:	From: To: Rent amount:

Employment Information

Current employer:	Length of Employment:	
Employer address:	Email Address:	
City:	State:	ZIP Code:
Position:	Salary Amount: \$	monthly
Supervisor's Name & Ph#:	Additional Income:	

Co-applicant Information, if Married

Name:		Email Address:	
SSN:	DOB:	Driver's License #	State:
Current Address:		Phone:	
City:	State:	ZIP Code:	
Own Rent (Please Circle)	Monthly payment or rent:		How Long?

Co-applicant Employment Information

Current employer:	Length of Employment:	
Employer address:	Email Address:	
City:	State:	ZIP Code:
Position:	Salary Amount \$	monthly
Supervisor's Name & Ph#:	Additional Income:	

References

Name:	Address:	Phone:

Emergency Contact

Name of a person not residing with you:		
Address, City, State & Zip Code:		
Email Address:	Phone:	Relationship:

I authorize you and grant you permission to check my credit history, background check and to report to others your credit experience with me, including obtaining a current report upon receipt of this application and subsequently for the purpose of an update, renewal or extension of credit. I hereby authorize the release of the information requested on this Application to the Agent listed above.

Print/Signature of applicant:	Date:
Print/Signature of co-applicant:	Date: