



**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. IS 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:** (If more than 5, list additional names and information on back)

- 1. \_\_\_\_\_ \*Date of Birth \_\_\_\_\_ \*SS#: \_\_\_\_\_
- 2. \_\_\_\_\_ \*Date of Birth \_\_\_\_\_ \*SS#: \_\_\_\_\_
- 3. \_\_\_\_\_ \*Date of Birth \_\_\_\_\_ \*SS#: \_\_\_\_\_
- 4. \_\_\_\_\_ \*Date of Birth \_\_\_\_\_ \*SS#: \_\_\_\_\_
- 5. \_\_\_\_\_ \*Date of Birth \_\_\_\_\_ \*SS#: \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PRESENT ADDRESS:** (Related to Landlord: YES \_\_\_\_ NO \_\_\_\_)

Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Rent Paid Per Month \_\_\_\_\_ Date Rented From \_\_\_\_\_ To \_\_\_\_\_  
 Landlord Name \_\_\_\_\_ Landlord Business Phone #:(\_\_\_\_\_) \_\_\_\_\_  
 Landlord Resident Phone #: (\_\_\_\_\_) \_\_\_\_\_ Landlord Fax #:(\_\_\_\_\_) \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**PREVIOUS ADDRESS:** (Related to Landlord: YES \_\_\_\_ NO \_\_\_\_)

Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Rent Paid Per Month \_\_\_\_\_ Date Rented From \_\_\_\_\_ To \_\_\_\_\_  
 Landlord Name \_\_\_\_\_ Landlord Business Phone #:(\_\_\_\_\_) \_\_\_\_\_  
 Landlord Resident Phone #: (\_\_\_\_\_) \_\_\_\_\_ Landlord Fax #:(\_\_\_\_\_) \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**PRIOR ADDRESS:** (Related to Landlord: YES \_\_\_\_ NO \_\_\_\_)

Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Rent Paid Per Month \_\_\_\_\_ Date Rented From \_\_\_\_\_ To \_\_\_\_\_  
 Landlord Name \_\_\_\_\_ Landlord Business Phone #:(\_\_\_\_\_) \_\_\_\_\_  
 Landlord Resident Phone #: (\_\_\_\_\_) \_\_\_\_\_ Landlord Fax #:(\_\_\_\_\_) \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**PROVIDE TWO (2) PERSONAL REFERENCES** (Other than family)

NAME	ADDRESS	PHONE NO.
1. _____	_____	(_____) _____
2. _____	_____	(_____) _____

\*To be used for credit check purposes only.

Make/Model of Vehicle \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Make/Model of Vehicle \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_ Place of Employment in Hawaii: \_\_\_\_\_ Supervisor: \_\_\_\_\_

\*\*Monthly Income (Gross): \_\_\_\_\_ How Long/Starting when: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_ Place of Employment in Hawaii: \_\_\_\_\_ Supervisor: \_\_\_\_\_

\*\*Monthly Income (Gross): \_\_\_\_\_ How Long/Starting when: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**IF YOU RECEIVE OTHER INCOME, PLEASE SPECIFY BELOW:**

APPLICANT: \_\_\_\_\_ SOURCE OF INCOME: \_\_\_\_\_ \*\*Monthly Amount: \_\_\_\_\_

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RENT SUBSIDY? (i.e. County Housing, Hawaii Housing): \_\_\_\_\_

Allowed Amount: \_\_\_\_\_ With or without Utilities: \_\_\_\_\_

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

Do you have pets?: NO \_\_\_\_\_ YES \_\_\_\_\_ If Yes, specify: \_\_\_\_\_ Do you own furniture? YES \_\_\_\_\_ NO \_\_\_\_\_

Have any of the applicants ever been convicted for the manufacture or 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 #: (\_\_\_\_) \_\_\_\_\_

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

1. No pets.
2. Those who have not previously lived together and have different rental references must complete separate applications.
3. All adults (18 years 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.) must be presented 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.
5. Two (2) rental references are required. A qualified rental reference must be for at least six (6) months. Anything less than six (6) months is not a qualified reference. FAMILY, FRIENDS, and DORMITORIES are also not considered qualified references.
6. Please allow 5-7 business days to process rental applications. Rental applications will be processed in the order that they are received. It is your responsibility to provide us with the necessary information to contact your present and past landlords. We will make a good faith effort; however, if we are unable to contact your landlords for a rental reference and verify your rental history, your application may be denied.
7. We cannot guarantee that the unit you are applying for will be available for you to rent as we may have already approved an applicant who as interested in the same unit.
8. You certify that all information provided is true and correct. False or incomplete information given by applicant will result in discontinuing the approval process or is grounds for eviction.
9. Once this application is submitted to our office, it becomes the property of Ginoza Realty, Inc. and it will not be returned to you. Ginoza Realty, Inc. will keep all applications and information obtained confidential.

1158 KINOOLE STREET HILO, HAWAII 96720-4132 PHONE: (808) 969-1471 FAX: (808) 935-0468

Visit us on the web at [www.ginozarealty.com](http://www.ginozarealty.com)

By signing below, I acknowledge that I have read and understood this application. I hereby authorize Ginoza Realty, Inc., to contact present, previous and/or prior rental references, provide you with a credit report on me, and authorize you to verify the information I have supplied here.

I declare that the information I have supplied here is true and correct and I agree that the Landlord may terminate any Rental Agreement or other agreement entered into with me in reliance on false or misleading statements I have made.

_____		(_____)_____
Applicant Print Name Here		Residence Phone #
	_____	(_____)_____
	Date	Cell Phone #
_____		(_____)_____
Applicant Signature		Business Phone #

_____		(_____)_____
Applicant Print Name Here		Residence Phone #
	_____	(_____)_____
	Date	Cell Phone #
_____		(_____)_____
Applicant Signature		Business Phone #

_____		(_____)_____
Applicant Print Name Here		Residence Phone #
	_____	(_____)_____
	Date	Cell Phone #
_____		(_____)_____
Applicant Signature		Business Phone #