



GINOZA REALTY INC

Unit(s) interested in: _____

Price range: _____

Bedrooms: _____ Baths: _____

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 ___ OR Do you own this residence: YES ___ NO ___)

Street _____ Apt. # _____ City/State _____ Zip _____
 Rent/Mortgage 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 ___ OR Do you own this residence: YES ___ NO ___)

Street _____ Apt. # _____ City/State _____ Zip _____
 Rent/Mortgage 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 ___ OR Do you own this residence: YES ___ NO ___)

Street _____ Apt. # _____ City/State _____ Zip _____
 Rent/Mortgage 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: _____

APPLICANT: _____ SOURCE OF INCOME: _____ **Monthly Amount: _____

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

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

Case Worker: _____ Allowed Amount: _____ With or without Utilities: _____

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. Unless adult applicants are married, applicants must fill our 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 maybe 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.
10. Effective February 1, 2008, Ginoza Realty, Inc. will be charging a non-refundable \$5.00 application fee per adult. Application fees must be in form of cash, cashier's check or money order. No personal checks accepted. Your application fee will be donated to the Hawaiian Island Food Basket, UHH Athletics and Hospice of Hilo.

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

Date

Applicant Signature

() _____
Residence Phone #

() _____
Cell Phone #

() _____
Business Phone #

Email Address

Applicant Print Name Here

Date

Applicant Signature

() _____
Residence Phone #

() _____
Cell Phone #

() _____
Business Phone #

Email Address

Applicant Print Name Here

Date

Applicant Signature

() _____
Residence Phone #

() _____
Cell Phone #

() _____
Business Phone #

Email Address