



Date: \_\_\_\_\_ Agent: \_\_\_\_\_ RB 19033 REV 3/29/18

**NOTICE TO APPLICANT(S)**

It is required to furnish all information requested. This application may be submitted for verification. All information shall remain confidential in compliance with the Federal Fair Credit Reporting Act. All applicants must sign this rental application and provide a valid identification upon request.

**RENTAL APPLICATION**

For rental property located at: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Total # of occupants: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Email: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Email: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Rent: \_\_\_\_\_ Landlord: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Rent: \_\_\_\_\_ Landlord: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Have you ever been evicted? \_\_\_\_\_ If so, when? \_\_\_\_\_ Did you ever file for bankruptcy? \_\_\_\_\_ If so, when? \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Co-Applicant's Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Salary \_\_\_\_\_ Other income: \_\_\_\_\_

Sect. 8: \_\_\_\_\_ DSSH Assist: \_\_\_\_\_ Case Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ License: \_\_\_\_\_

**REFERENCES** Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I/We have read and filled out the above form and hereby authorize consumer reporting agencies to provide you with reports relating to me/us. I/We hereby give my/our permission for you to verify the above information. Should you need to call the other islands or the mainland for such verification, I/we understand that I/we will be charged the cost of the call. I/we understand that I/we will not hold Faith Naluai, LLC liable for any decisions made based on the information obtained during the processing of this application.

I/We understand that as a tenant, if I/we should cause a financial loss to my/our landlord at any time during the course of my/our lease agreement, my/our name(s) may be placed in the negative files of Faith Naluai, LLC and such information will be furnished to any landlord or agency who has a legitimate need for such an inquiry. I/We also understand that causing a financial loss may limit my/our ability to obtain credit or lease other dwelling units.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord's/Managing Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_