

RENTAL APPLICATION

Fax (808) 593-8277

Bus (808) 593-9776

IDEAL PROPERTIES, INC.
975 Kapiolani Blvd., 2nd Floor
Honolulu, Hawaii 96814

idealpropertiesinc@yahoo.com

[] Picture ID verified by _____.

PLEASE NOTE: A Cash non-refundable processing fee of \$10.00 for each and every individual over the age of 18 years old must be submitted with this Rental Application. Prospective applicant will need to provide a credit report with this application. If prospective applicant request Ideal Properties, Inc. to obtain a credit report, the credit report fee will cost \$15.00 for each and every individual over the age of 18 years old.

This property, apartment, townhouse, dwelling unit and/or room DOES NOT allow pets (NO pets), DOES NOT allow smoking (NO smoking), and DOES NOT allow vaping (NO vaping) whatsoever.

Please complete all sections legibly. Applications must be submitted by each applicant over the age of 18 and who will be residing at the premises.

Address of premises to be rented: _____ Monthly rent amount \$ _____

Full Legal Name (1): _____ Maiden/Other names used: _____
(Last) (First) (Middle)

Social Security Number: _____ - _____ - _____ Home/Bus Ph #: _____ Mobile #: _____

Full Legal Name (2): _____ Maiden/Other names used: _____
(Last) (First) (Middle)

Social Security Number: _____ - _____ - _____ Home/Bus Ph #: _____ Mobile #: _____

Current address: _____ Monthly rent amount \$ _____

City: _____ State: _____ Zip Code: _____

Date you moved in: ____|____ [] rent [] own Have you given notice to terminate? [] yes [] no
Mon| Yr

Please explain your reason for moving: _____

Current Landlord's name: _____ Res #: _____ Bus #: _____

Please list ALL other occupants who will be living with you:

1) Name: _____ Age: _____ 2) Name: _____ Age: _____

3) Name: _____ Age: _____ 4) Name: _____ Age: _____

Do you or any of the above people use illegal drugs? [] yes [] no

Do you or any of the above people smoke cigarettes, e-cigarettes, cigars, pipe, etc.? [] yes [] no

If you have lived at the above address for less than 5 years, please list your 2 previous residences (most recent):

Previous Address: _____ From : _____|_____ To: _____|_____
Mon | Yr Mon | Yr

Previous Landlord's name: _____ Res #: _____ Bus #: _____

Previous Address: _____ From : _____|_____ To: _____|_____
Mon | Yr Mon | Yr

Previous Landlord's name: _____ Res #: _____ Bus #: _____

Are you and/or your spouse on parole or probation anywhere? [] yes [] no

If yes, please explain and give the name and phone number of your officer:

Current Occupation: (Military applicants - see Military Section)

(1) Employer Name: _____ Address: _____

Bus #: _____ Supervisor: _____ Date began: ____|_____ Monthly gross pay: \$ _____
Mon | Yr

Job title and duties: _____

(2) Employer Name: _____ Address: _____

Bus #: _____ Supervisor: _____ Date began: ____|_____ Monthly gross pay: \$ _____
Mon | Yr

Job title and duties: _____

If you have been with your present employer for less than 5 years, please list 3 of your most recent employers:

Previous Employer - Applicant (1)

1) Former Employer Name: _____ Address: _____
 Bus #: _____ Supervisor: _____ Date began: _____ | _____ Monthly gross pay: \$ _____
Mon | Yr
 Job title and duties: _____

2) Former Employer Name: _____ Address: _____
 Bus #: _____ Supervisor: _____ Date began: _____ | _____ Monthly gross pay: \$ _____
Mon | Yr
 Job title and duties: _____

3) Former Employer Name: _____ Address: _____
 Bus #: _____ Supervisor: _____ Date began: _____ | _____ Monthly gross pay: \$ _____
Mon | Yr
 Job title and duties: _____

Previous Employer - Applicant (2)

1) Former Employer Name: _____ Address: _____
 Bus #: _____ Supervisor: _____ Date began: _____ | _____ Monthly gross pay: \$ _____
Mon | Yr
 Job title and duties: _____

2) Former Employer Name: _____ Address: _____
 Bus #: _____ Supervisor: _____ Date began: _____ | _____ Monthly gross pay: \$ _____
Mon | Yr
 Job title and duties: _____

3) Former Employer Name: _____ Address: _____
 Bus #: _____ Supervisor: _____ Date began: _____ | _____ Monthly gross pay: \$ _____
Mon | Yr
 Job title and duties: _____

MILITARY SERVICE: Branch: _____ Rank/rate: _____ Date Enlisted: _____ | _____ MOS/Specialty: _____
Mon | Yr
 Monthly take-home pay: \$ _____ Address of duty station: _____

Commanding Officer's name: _____ Ph: (_____) _____
 Source(s) and amount(s) of any other income: (Please be specific)

Emergency Contact: In case of emergency notify:

Name	Address	Phone	Relationship
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AUTHORIZATION:

The undersigned applicant(s) hereby declares that all information provided on this Rental Application is true and to the best of his and/or her knowledge. Applicant(s) hereby authorizes the owner, manager, his/her agent and IDEAL PROPERTIES, INC. (hereinafter referred to as "Landlord") to verify any information at any time contained in this application, including but not limited to, verification of current residency and employment. **NOTE: If you are selected as a tenant, Applicant(s) hereby authorizes Landlord to report and/or submit any negative and adverse information on your future performance, including tenant performance, evictions, fines, rent, late rent charges, insufficient fund checks, and any other outstanding charges due to Landlord to various national tenant, credit, consumer reporting agencies and collection agencies as provided in the Fair Credit Reporting Act. Such negative and adverse report may affect your consumer (credit) evaluation as well as you obtaining future rental housing.** Applicant(s) understands that this verification process may include obtaining a tenant performance / credit report from various consumer reporting agencies and specifically authorizes the Landlord to obtain such reports as allowed by the Fair Credit Reporting Act. This application is for preliminary screening use only and does not obligate Landlord to execute a rental agreement or deliver possession of the premises. Applicant(s) further acknowledge that any false information contained herein will void this application (and future Rental Agreement, if applicable).

(Printed Legal Name of Applicant)	(Signature of Applicant)	(Date)
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(Printed Legal Name of Applicant)	(Signature of Applicant)	(Date)
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