

7002 Hawaii Kai Drive

Affordable Housing Rental Application

AFFORDABLE HOUSING Rental Application

NOTE: All adult household members over the age of 18 must complete a separate application and pay a non-refundable application fee of \$25 per applicant.

Application for (check one): 1 Bedroom (1-3 persons) 2 Bedroom (2-5 persons) 3 Bedroom (3-7 persons)

Applicant Information				
Last Name:		First Name		Middle Initial
Date of Birth:			SSN:	
Attach Proof of identification <input type="checkbox"/> Hawaii Driver's License <input type="checkbox"/> Hawaii State ID <input type="checkbox"/> Other Government-issued _____				
Hawaii Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		Email:		
Phone (Best):		Phone (Alternate):		Phone (Alternate):
Other Occupants (Each adult over the age of 18 must complete a separate application)				
1	Name	Relationship	DOB	Age
2	Name	Relationship	DOB	Age
3	Name	Relationship	DOB	Age
4	Name	Relationship	DOB	Age
5	Name	Relationship	DOB	Age
6	Name	Relationship	DOB	Age
7	Name	Relationship	DOB	Age
Employment History (Attach two of your most recent pay stubs)				
Current employer:				
Employer address:				How long?
City:		State:		ZIP Code:
Phone:		E-mail:		
Position:			Monthly Salary:	
<input type="checkbox"/> Previous employer/ <input type="checkbox"/> Second Job:				
Employer address:				How long?
City:		State:		ZIP Code:
Phone:		E-mail:		
Position:			Monthly Salary:	
Other Income (List other income such as child support, alimony, pension, social security)				
List other income such as child support, alimony, pension, social security :				
1	Source:		Monthly Amount:	
2	Source:		Monthly Amount:	
3	Source:		Monthly Amount:	

Address History (Please provide two years of address history)					
Current address:					
City:		State:		ZIP Code:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly payment or rent:			How long?	
Previous address:					
City:		State:		ZIP Code:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly payment or rent:			How long?	
Previous address:					
City:		State:		ZIP Code:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly payment or rent:			How long?	
Emergency Contact					
Name of a person not residing with you:				Relationship	
Address:					
Email address:				Phone:	
Pets					
1	Pet Name:	Type/Breed:		Weight	Age:
Up to date vaccinations?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Treated for heartworm/fleas/ticks?		<input type="checkbox"/> Yes <input type="checkbox"/> No		House trained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Pet Name:	Type/Breed:		Weight	Age:
Up to date vaccinations?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Treated for heartworm/fleas/ticks?		<input type="checkbox"/> Yes <input type="checkbox"/> No		House trained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle					
Make	Model	Year	Color	Plate #	Plate State
References					
1	Name:		Relationship:		
	Email:		Phone:		
2	Name:		Relationship:		
	Email:		Phone:		
Additional Information					
Been sued for non-payment of rent?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Been sued for damages to rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Filed suit against landlord?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a smoker?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have Section 8 housing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
By signing below the applicant certifies that the information above is true and complete. The applicant has read and filled out the above form and hereby authorizes Avalon Commercial LLC to contact past and present landlords, employers, creditors and credit bureaus, neighbors and any other sources deemed necessary to make a determination regarding the applicant. The information gathered is for screening purposes only and is strictly confidential. The applicant hereby gives Avalon Commercial permission to verify the above information. The applicant will not hold Avalon Commercial LLC liable for any decision made based on the information obtained during the processing of this application.					
Signature of applicant:				Date:	