

WEST COAST ISLAND PROPERTIES, INC.
QUALITY SERVICE * INTEGRITY * PROFESSIONALISM
7 Waterfront plaza, 500 ala Moana #400, Honolulu, Hawaii 96813
Telephone: (808) 783-5974

Please fill out application completely. Any missed information may lengthen the processing time of the application. Be sure to contact us if you can provide additional information or decide to withdraw the application. Our email is: Kevin@westcoastislandproperties.com

Rental Property Location: _____

When would you like to move in?: _____ Monthly Rent: _____

Proposed Occupants:

Applicant Name: _____

Phone Numbers: _____

How long in Hawaii? _____

Other Occupant: _____

Other Occupant: _____

Pets? _____ (Describe) _____ Size: _____ lbs. Number: _____

Housing Information:

Present
Address: _____

Landlord's Name: _____ Phone #: _____

How long at this address? _____ Reason for moving: _____

Amount of rent paid: _____

Previous Address: _____

Landlord's Name: _____ Phone #: _____

Amount of rent paid: _____ How long at this address? _____

Employment Information:

Employer: _____ Phone #: _____

Address: _____

Supervisor: _____

Position Held: _____ How long employed? _____

Salary: _____

Previous Employer: _____ Phone #: _____

Address: _____

Supervisor: _____

Position Held: _____ How long employed? _____

Salary: _____

Spouse's Employer: _____ Phone #: _____

Address: _____ Supervisor: _____

Position Held: _____ How long employed? _____

Salary: _____

Other Income: _____ Source: _____

Military Personnel Only:

Branch of Service: _____ Duty Station: _____

Rank: _____

Length of Service: _____ Housing Allowance: _____ Date of Rotation: _____

Supervisor: _____ Telephone: _____

Commanding Officer: _____ Telephone: _____

Bank Data:

Bank Name: _____ Branch _____ Checking/Savings

Bank Name: _____ Branch _____ Checking/Savings

Vehicles:

Auto Make: _____ Model: _____ Year: _____

Auto Make: _____ Model: _____ Year: _____

Auto Make: _____ Model: _____ Year: _____

Personal References:

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

Name of Nearest Living Relative: _____

Address: _____ Telephone Number: _____

In case of emergency contact: Telephone Number:

I hereby authorize consumer reporting agencies to provide you with consumer reports relating to me. I hereby give my permission for you to verify the above information. I hereby certify that the above information is true and accurate to the best of my knowledge.

Name- Print & Sign Date

Name- Print & Sign Date

Name- Print & Sign Date