

We provide equal housing opportunity and follow all laws of the Landlord Tenant Code, Chapter 521 of the Hawaii Revised Statutes.

	website, newspaper ads, family/friends, prior
_	
<u>-</u>	
Price range:	
Bedrooms:	Baths:

## RESIDENTIAL APPLICATION FOR RENTAL

By completing, signing and submitting this Ginoza Realty, Inc. Residential Application for Rental, all persons listed understand that Ginoza Realty, Inc. represents the Owner of the Property. Ginoza Realty, Inc. does not represent Applicants or Tenants. All listed below acknowledge, understand and agree to all of the following terms:

- 1. NO PETS ARE ALLOWED
- 2. Unless adult applicants are married, applicants must fill out 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.**) of **ALL adults must be submitted.** The rental application will not be processed until **ALL** adult photo IDs are received.
- 4. If you apply with another person 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. FAMILY, ROOM RENTALS, FRIENDS, DORMITORIES and rental references less than six (6) months are not considered qualified rental references.
- 6. Please allow 5-7 business days to process rental applications. Rental applications will be processed in the order that they are received with all applicable items. 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. Applicants must be approved PRIOR to scheduling any interior viewings of rental unit(s).
- 8. 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 may be interested in the same unit.
- 9. Once this application is submitted to our office, it becomes the property of Ginoza Realty, Inc. and it will not be returned to applicants. Ginoza Realty, Inc. will keep all applications and information obtained confidential.
- 10. This rental application will be valid for three (3) months from the date submitted to Ginoza Realty, Inc.
- 11. Effective June 1, 2016, Ginoza Realty, Inc. will be charging a NON-REFUNDABLE \$20.00 application fee per adult. Application fees must be in form of cash, cashier's check or money order. No personal checks will be accepted.

HAVE YOU APPLIED WITH	<b>US BEFORE?</b> NO: YES: WH	HEN?	_
List YOURSELF and EVERYO	ONE ELSE who will live in the unit: (If more the	nan 5, list additional names and information on b	ack)
1	*Date of Birth	*SSN:	
2	*Date of Birth	*SSN:	
3	*Date of Birth	*SSN:	
4	*Date of Birth	*SSN:	
5	*Date of Birth	*SSN:	
		*To be used for credit check purpor	ses only
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 IN	COME, PLEASE SPECIFY BELOW:		
APPLICANT:	SOURCE OF INCOME:	**Monthly Amount:	
APPLICANT:	SOURCE OF INCOME:	**Monthly Amount:	

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

Case Worker:	Allowed Amount:	With or without Utilities:	With or without Utilities:	
MAH ING ADDDGG				
MAILING ADDRESS:				
PRESENT ADDRESS: (Related to Lar	ndlord: NO YES OF	R Do you own this residence: NO YES		
Street	Apt. # City	y/State Zip		
		To		
		rd Residence Phone #: ()		
		#:		
PREVIOUS ADDRESS: (Related to La	andlord: NO YES C	OR Do you own this residence: NO YES	S	
treet	Apt. # City.	y/State Zip		
ent/Mortgage Paid Per Month	Date Resided From _	To		
andlord Name	Landlore	rd Residence Phone #: ()		
		#:		
eason for Leaving				
PRIOR ADDRESS: (Related to Landlo	ord: NO YES OR I	Do you own this residence: NO YES	_)	
		y/State Zip		
		To		
		rd Residence Phone #: ()		
		#:		
eason for Leaving				
ROVIDE TWO (2) PERSONAL REFE	RENCES (Other than family)			
AME	ADDRESS, CITY, STAT	TE, ZIP CODE PHONE NO.		
·		()_		
		()		
Take/Model of Vehicle	Year _	Color		
Take/Model of Vehicle	Year .	Color		
o you have pets?: NO YES	If Yes, specify:			
volving violence (ex. robbery, assault,	domestic abuse, etc.)? If yes, plea	ssession of illegal drugs or convicted of the crimesase explain (year convicted and circumstances):		
N CASE OF EMERGENCY (not in hou	sehold), NOTIFY:			
ame:	Rela	ationship:		
Address:				

By signing below, I acknowledge that I have read and understood this application. I hereby authorize Ginoza Realty, Inc., to contact all references, pull a hard credit inquiry, check my criminal background, and verify the information I have supplied on this application.

I declare that the information I have supplied on this application is true and correct. I also agree that any failure to disclose any and all pertinent facts regarding all applicants, providing false, misleading or incomplete information can be grounds for denial of the rental application and/or grounds for eviction.

		Residence Phone # ()	
Applicant Print Name Here	_	Cell Phone # ()	_
		Business Phone # ()_	_
Applicant Signature	Date	Email address:	-
		Residence Phone # ()	_
Applicant Print Name Here	-	Cell Phone # ()	_
		Business Phone # ()_	_
Applicant Signature	Date	Email address:	-
		Residence Phone # ()	
Applicant Print Name Here	_	Cell Phone # ()	_
		Business Phone # ()_	_
Applicant Signature	– <del>Date</del>	Email address:	

1158 KINOOLE STREET HILO, HAWAII 96720-4132 PHONE: 808-969-1471 FAX: 808-935-0468

> info@ginozarealty.com www.ginozarealty.com