

**West Oahu Realty, Inc.****Rental Application**

Rental Agents Name:

Ph: 676-8858 Fax: 676-8872

**Property Address Applying for:****Applicant Information**

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

How long?

Previous address:

City:

State:

ZIP Code:

Owned Rented (Please circle)

Monthly payment or rent:

How long?

**Employment Information**

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

**Emergency Contact**

Name of a person not residing with you:

Address:

City:

State:

ZIP Code:

Phone:

Relationship:

**Co-applicant Information, if Married**

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

How long?

Previous address:

City:

State:

ZIP Code:

Owned Rented (Please circle)

Monthly payment or rent:

How long?

**Co-applicant Employment Information**

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

**References**

Name:

Address:

Phone:

I authorize you and grant you permission to check my credit history, and to report to others your credit experience with me, including obtaining a current report upon receipt of this application and subsequently for the purpose of an update, renewal or extension of credit.

Signature of applicant:

Date:

Signature of co-applicant:

Date: