



## Real Estate Sales & Property Management

### RENTAL APPLICATION

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#### LANDLORD INFORMATION

Landlord Name: Maui Rental Connections  
Landlord Address: PO Box 1272  
Landlord City, State, ZIP Code: Makawao, Hawaii 96768  
Landlord Telephone: 808-269-4942  
Landlord Email: mauirentalconections@gmail.com  
Landlord Fax: Hawaii

#### RENTAL PROPERTY INFORMATION

Rental Property Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
City, State, ZIP Code: \_\_\_\_\_

#### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
How long at current address? \_\_\_\_\_  
Current Landlord: \_\_\_\_\_  
Current Landlord phone: \_\_\_\_\_

**Complete below if less than 2 years at current address**

**Previous Address:** \_\_\_\_\_

**How long at previous address?** \_\_\_\_\_

**Previous Landlord:** \_\_\_\_\_

**Previous Landlord phone:** \_\_\_\_\_

**APPLICANT EMPLOYMENT HISTORY**

**Current Employer/Address:** \_\_\_\_\_

**Current Supervisor Name/Telephone:** \_\_\_\_\_

**Position Held/How long:** \_\_\_\_\_

**FINANCIAL HISTORY**

**Applicant Monthly Income:** \_\_\_\_\_

**FAMILY OR ROOMMATE INFORMATION**

**Name of Person** \_\_\_\_\_

**Relationship to Applicant** \_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Years Known: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Years Known: \_\_\_\_\_

**PERSONAL HISTORY**

<b>Do you smoke?</b>	Yes	No
<b>Have you ever been evicted?</b>	Yes	No
If yes, when and why?		

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<b>Have you ever declared bankruptcy?</b>	Yes	No
If yes, when and describe:		

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<b>Have you ever been convicted of a crime?</b>	Yes	No
If yes, when and describe:		

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**APPLICANT CERTIFICATION**

I, \_\_\_\_\_, certify that the information provide in this Rental Application is true and correct to the best of my knowledge as of the date set forth below. I acknowledge that the Landlord shall rely on the information contained herein and I authorize the Landlord to verify any or all information provided.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Dated)

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of Issue