

# Aska Gateway Estate Inc.

2270 Kalakaua Ave. Suite 1508 Honolulu, HI 96815 : Waikiki Business Plaza #1508

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**NO PETS ALLOWED**

**NO SMOKING**

## RENTAL APPLICATION

APPLYING FOR PROPERTY AT	WOULD LIKE TO MOVE ON	RENTAL TERM (#OF MONTH)	DATE SHOWN
	TOTAL # OF OCCUPANTS		SHOWN BY
APT. TYPE/ NUMBER OF BEDROOMS	RENT AMOUNT \$		<input type="checkbox"/> PHOTO IDENTIFICATION
			<input type="checkbox"/> SOCIAL SECURITY NUMBER

**NOTICE TO APPLICANT**

- 1) COMPLETE ALL REQUESTED INFORMATION FOR PROCESSING OF THIS APPLICATION
- 2) THIS APPLICATION IS SUBJECT TO APPROVAL AND ACCEPTANCE BY LONG STAY SERVICE HAWAII, LTD.
- 3) A COPY OF YOUR MOST RECENT PAY STUB OR TAX RETURN MUST BE SUBMITTED WITH APPLICATION FOR INCOME VERIFICATION.
- 4) VALID PHOTO IDENTIFICATION AND SOCIAL SECURITY NUMBER VERIFICATION MUST BE SUBMITTED WITH APPLICATION

APPLICANT'S NAME	SOCIAL SECURITY #	CELL #			
	EMAIL	HOME #			
	DATE OF BIRTH	HOW LONG IN HAWAII?			
CO-APPLICANT'S NAME	SOCIAL SECURITY #	CELL #			
	EMAIL	HOME #			
	DATE OF BIRTH	HOW LONG IN HAWAII?			
OTHER OCCUPANT'S NAME	SOCIAL SECURITY#	(AGE IF MINOR)			
OTHER OCCUPANT'S NAME	SOCIAL SECURITY#	(AGE IF MINOR)			
HOUSING DATA	PRESENT ADDRESS	FROM / TO	OWN/RENT	LANDLORD/MORTGAGE	TELEPHONE #
	CITY STATE ZIP CODE	MONTHLY RENT/PAYMENT \$		REASON FOR LEAVING	
	PREVIOUS ADDRESS	FROM / TO	OWN/RENT	LANDLORD/MORTGAGE	TELEPHONE #
	CITY STATE ZIP CODE	MONTHLY RENT/PAYMENT \$		REASON FOR LEAVING	
	PREVIOUS ADDRESS	FROM / TO	OWN/RENT	LANDLORD/MORTGAGE	TELEPHONE #
	CITY STATE ZIP CODE	MONTHLY RENT/PAYMENT		REASON FOR LEAVING	
AUTO DATA	AUTOMOBILE (MAKER)	COLOR	LICENCE #		
EMPLOYMENT DATA (APPLICANT)	EMPLOYER	ADDRESS	SUPERVISOR	TELEPHONE #	
	POSITION	DATES EMPLOYED FROM TO	MONTHLY SALARY \$	ADDITIONAL HOUSING ALLOWANCE: \$	
	PREVIOUS EMPLOYER	DATES EMPLOYED FROM TO	MONTHLY SALARY \$	ADDITIONAL HOUSING ALLOWANCE: \$	
	OTHER INCOME \$	SOURCE	TOTAL GROSS MONTHLY INCOME \$		
EMPLOYMENT DATA (CO-APPLICANT)	EMPLOYER	ADDRESS	SUPERVISOR	TELEPHONE #	
	POSITION	DATES EMPLOYED FROM TO	MONTHLY SALARY \$	ADDITIONAL HOUSING ALLOWANCE: \$	
	PREVIOUS EMPLOYER	DATES EMPLOYED FROM TO	MONTHLY SALARY \$	ADDITIONAL HOUSING ALLOWANCE: \$	
	OTHER INCOME \$	SOURCE	TOTAL GROSS MONTHLY INCOME \$		
PERSONAL REFERENCES	IN CASE OF EMERGENCY, NOTIFY	RELATIONSHIP	ADDRESS	TELEPHONE #	
	PERSONAL REFERENCE	RELATIONSHIP	ADDRESS	TELEPHONE #	
BACKGROUND INFORMATION	HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY OR "NO CONTEST" TO A FELONY (WHETHER OR NOT CONVICTED)?	YES/NO	EXPLAIN		
	HAVE YOU EVER BEEN EVICTED?	YES/NO	EXPLAIN		

I HAVE READ THE ABOVE FORM AND I UNDERSTAND THAT IF I CAUSE A FINANCIAL LOSS TO MY LANDLORD, THAT MY NAME MAY BE PLACED IN THE FILES OF CREDIT AGENCIES AND SUCH INFORMATION WILL BE FURNISHED TO SUBSCRIBERS WHO HAVE A BONAFIED AND LEGAL NEED TO MAKE AN INQUIRY, ALSO, I UNDERSTAND THAT CAUSING A FINANCIAL LOSS MAY LIMIT MY ABILITY TO OBTAIN CREDIT OR LEASE OTHER DWELLING UNITS.

I HEREBY AUTHORIZE CONSUMER REPORTING AGENCIES TO PROVIDE YOU WITH CONSUMER REPORTS RELATING TO ME, I HEREBY GIVE MY PERMISSION FOR VERY THE ABOVE INFORMATION AND I UNDERSTAND THAT SHOULD YOU HAVE TO CALL THE MAINLAND OR OTHER ISLANDS FOR SUCH VERIFICATION THAT I WILL BE CHARGED THE COST OF THE CALL.

TENANT APPLICANT SIGNATURE

DATE

TENANT APPLICANT SIGNATURE

DATE