

Hawaii Holdings, LLC
Executive Centre Apartments, LLC

Non Refundable
Application Fee \$30/adult

Nevada Holdings, Ltd
 1088 Bishop Street, Suite 4100
 Honolulu, HI 96813
 TEL: (808) 523 – 5000 or (808) 523 - 8100
 FAX: (808) 523 – 5010
 EMAIL: exctrrentals@hihold.com

Rental Application

MOVE IN DATE: _____

LENGTH OF LEASE: _____

Applicant/ Head of Household Information

Name:		Email:	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:		Dates of Residency?
Was notice given? What is the reason for leaving? :			
Name of Landlord and Phone No.:			
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:		Dates of Residency?
Was notice given? What is the reason for leaving? :			
Name of Landlord and Phone No.:			

Co-applicant Information

Name:		Email:	
Date of birth:	SSN:	Phone:	
Relationship with Applicant:			
Current address: <input type="checkbox"/> Same as applicant			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		Dates of Residency?
Was notice given? What is the reason for leaving? :			
Name of Landlord and Phone No.:			
Previous address: <input type="checkbox"/> Same as applicant			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:		Dates of Residency?
Was notice given? What is the reason for leaving? :			
Name of Landlord and Phone No.:			

Applicant/Head of Household Employment Information

Current employer:

Supervisor Name:

Employer's Phone:

Fax:

Employer address:

Dates of Employment? :

City:

State:

ZIP Code:

Position:

Annual income:

Hourly Salary (Please circle)

Previous employer:

Supervisor Name:

Employer's Phone:

Fax:

Employer address:

Dates of Employment? :

City:

State:

ZIP Code:

Position:

Annual income:

Hourly Salary (Please circle)

Co-applicant Employment Information

Current employer:

Supervisor Name:

Employer's Phone:

Fax:

Employer address:

Dates of Employment? :

City:

State:

ZIP Code:

Position:

Annual income:

Hourly Salary (Please circle)

Previous employer:

Supervisor Name:

Employer's Phone:

Fax:

Employer address:

Dates of Employment? :

City:

State:

ZIP Code:

Position:

Annual income:

Hourly Salary (Please circle)

Other Proposed Occupants:

Name:

Birth Date:

Relationship to Applicant:

Emergency Contact: *By signing the application you grant us permission to communicate with the contact listed in this section in the event we can't locate you. Furthermore, if you abandon the apartment for any reason then you grant us permission to allow your contact listed below to remove all contents of the dwelling on your behalf.*

Name of a person not residing with you:

Address:

City:

State:

ZIP Code:

Phone:

Relationship:

References (Not Residing with you)

Name:

Address:

Phone:

Credit and Financial History:

	Bank/Institution Name:	Balance on Deposit:
Checking Account		
Savings Account		
OTHER VERIFIABLE SOURCE OF INCOME (Please state from where)		
	Bank/Institution Name:	Balance Owed:
Credit Cards		
Auto/Mortgage Loans:		

**Vehicles (Includes vehicles belonging to other proposed occupants)
FOR APPLICANTS REQUESTING PARKING ONLY**

Make	Model	Color	Year	License Plate

General Information and Questionnaire:

	YES	NO
Are you currently:		
Active Duty Military Personnel	<input type="checkbox"/>	<input type="checkbox"/>
Federal Government Employee	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare Professional	<input type="checkbox"/>	<input type="checkbox"/>
Non-Profit Corporation Employee	<input type="checkbox"/>	<input type="checkbox"/>
Religious or Charitable Organization Employee	<input type="checkbox"/>	<input type="checkbox"/>
Enrolled as a Graduate Student	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand and acknowledge that the unit is a non-smoking unit?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been served a late notice?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any reoccurring problems with your current apartment or landlord?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain: _____		
Have you ever been served an eviction notice or have been evicted?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when? _____		
Have you ever filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when? _____		
Have you been a party to a lawsuit in the past?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain why: _____		
We may run a credit check and a background check – is there anything negative we will find that you want to comment on?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what? _____		
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
How did you hear about these apartments? _____		

Agreement & Authorization Signature

I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for an apartment and does not constitute a rental or lease agreement in whole or part.

Applicant's Signature: _____

Date: _____

Co-Applicant's Signature: _____

Date: _____

**PLEASE INCLUDE COPIES OF THE FOLLOWING DOCUMENTS
WITH YOUR RENTAL APPLICATION:**

- 1) FORM OF IDENTIFICATION SUCH AS STATE ID, DRIVER'S
LICENSE OR PASSPORT**
- 2) ONE MONTH CURRENT PAYROLL STUBS**
- 3) TWO MONTHS CURRENT BANK STATEMENT**
- 4) APPLICATION FEE FOR \$30.00 PAYABLE TO EXECUTIVE
CENTRE APARTMENTS, LLC**

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Nevada Holdings, Ltd
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VERIFICATION OF RENTAL HISTORY

I, _____, hereby authorize you to release information regarding my
(Applicant Name)
Tenancy to the inquiring Landlord.

_____ Date: _____
Applicant Signature

TO: _____

We are requesting verification of rental history for the individual named above, who states they are a present or former tenant.

Please complete the information and email to: exctrrentals@hihold.com OR fax to (808) 523-5010

Thank you for your cooperation.

Regards,
Ann Rafael-Straka

Rental history of: _____

Date moved in _____ Date moved out _____ Monthly rent \$ _____

Was rent paid on time? _____ Number of times late _____

What was included in rent _____

Number of persons living in rental _____ Did they follow the rules? _____

Care of rental unit: _____

Any damages? _____ Pets? _____ Did tenant give notice to move? _____

If former tenant, did you return full security deposit? _____ If not, why? _____

Over rating as a tenant (good, fair, poor), explain _____

Name of Person providing information _____ Title _____
Date: _____ Phone No. _____

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EMAIL: exctrrentals@hihold.com

TO: _____
 Company's Name Email Address Phone Number

RE: _____
 Applicant's Name Last 4 of SSN

I hereby authorize the release of my employment information to Executive Centre Apartments, LLC.

Applicant Signature

Date

Please take note that the above applicant, has submitted a rental application to rent one of our units. We respectfully request that you assist us in qualifying said applicant by taking a moment to complete the attached questionnaire. Thank you in advance for your prompt response.

Regards,

Ann Rafael-Straka
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TO BE COMPLETED BY EMPLOYER

Name of Applicant: _____

Position (Job Title): _____

Date of Hire: _____

Pay Rate: Hourly*: _____ Monthly: _____ Annually: _____

*If hourly, please include number of hours worked on average per week: _____

Will there be any anticipated change in the Employee's Salary in the next 6 months? _____

Likelihood of continued employment (Circle One): Strong Average Poor

Additional Comments:

Employer's Signature

Title

Phone Number

Date