Pacific Coast Properties Inc.

P.O. BOX 1634, HONOKAA, HI 96727 PH: 808-775-9566 FAX: 808-775-0866

RENTAL APPLICATION

Neatly complete all information below. All applicants over the age of 18 must complete and sign their own application.

Applicants full name	Phone #			DOB	
Social Security #			State	Exp	
Current Address	City		State	Zip	
Current Landlords Name		Landlords Phone #			
How long at this address	Reason for leaving				
Previous Address	City_		State	Zip	
Previous Landlords Name			Phone #		
How long at this address	Reason for leaving				
Auto YrMake	Model	State/License Plate #			
Present Employer	Position]		Mo. Incom	Mo. Income	
Phone #	_How long at jobOthe	r income/sour	ce		
Employers Address		City		State	
Number and type of Pets	Hav	e you ever bee	en party to an evict	ion?[]Yes[]No	
Name of bank	Branch	Type of Account			
Name of bank	Branch	Type of Account			
Personal References Name	Yrs. KnownRo	elationship	Phone	#	
Name	Yrs. KnownRe	elationship	Phone #		
Name	Yrs. KnownRe	elationship	Phone	#	
Total number of adults	Total number of children l	iving with you	u under the age of	18	
Names and relations of all ot	her applicants				
investigation of all statement	en herein are true and complete to s contained in this application for d that the landlord may terminate ve.	tenant screeni	ng as may be neces	ssary in arriving at	