



Royal Realty, LLC
 10 Marin Lane
 Honolulu, HI 96817
 (808) 780-2975

For Rental Located at:
 Property Manager:
Non-Refundable Fee is \$30

Move in Date: _____
Preferred Length of Lease: _____

Name of Applicant: _____ **SSN:** _____
Birth Date: _____ **Work #:** _____
Cell #: _____ **Email:** _____

Name of Child: _____ **Birth Date:** _____
Name of Child: _____ **Birth Date:** _____
Name of Child: _____ **Birth Date:** _____
Name of Child: _____ **Birth Date:** _____

Type of Pet: _____ **Birth Date:** _____ **Weight:** _____
Breed: _____ **Name:** _____
Type of Pet: _____ **Birth Date:** _____ **Weight:** _____
Breed: _____ **Name:** _____

Current Address: _____ **City/State/Zip:** _____
From: _____ **to** _____ **Rent Amount:** _____ **Landlord's Name:** _____
Reason for moving _____ **Landlord's #:** _____

Previous Address: _____ **City/State/Zip:** _____
From: _____ **to** _____ **Rent Amount:** _____ **Landlord's Name:** _____
Reason for moving _____ **Landlord's #:** _____

Applicant's Employer: _____ **Position:** _____
Date Employed: _____ **Salary Per Month:** _____ **Supervisor #:** _____
Employer's Address: _____ **Supervisor:** _____

Other Income: _____ **Amount:** _____
Verifiable by: _____ **Phone #:** _____

Personal Reference: _____ **Tel. No.:** _____
Address: _____ **Relationship:** _____

Notes:

In addition to completed rental application, please provide a copy of state identification and one recent (last two months) paystub.

I have read the above form and I understand that if I cause a financial loss to my landlord, my name may be placed in the files of the Credit Bureau of the Pacific, Inc. (Equifax System Affiliate) and such information will be furnished to subscribers who have a bonafide and legal need to make an inquiry. I also 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 you and Credit Bureau of the Pacific, Inc. (Equifax System Affiliate) to verify the above information. I also understand any false information or omission of information shall deem application voided and fee will be non-refundable.

Applicant Signature: _____ **Date:** _____