

FAHRNI REALTY, INC.
RENTAL POLICY
PLEASE READ AND SIGN BELOW

1. APPLICANT MUST FULLY COMPLETE APPLICATION FORM AND PAY REQUIRED FEES AND DEPOSITS.
2. A CREDIT CHECK WILL BE RUN ON EACH APPLICATION. UPON COMPLETING THE APPLICATION, THE APPLICANT WILL BE REQUIRED TO PAY A NON-REFUNDABLE \$10.00 FEE TO COVER COST OF A CREDIT CHECK/APPLICATION SCREEN. TENANCY IS SUBJECT TO PROPERTY MANAGER'S APPROVAL OF CREDIT CHECK AND TENANT APPLICATION.
3. APPLICANT'S CREDIT MUST BE EXCELLENT. LESS THAN PERFECT CREDIT MAY BE GROUNDS TO DENY APPLICATION/TENANCY.
4. ANY RECORDED OR UNRECORDED EVICTIONS, COLLECTIONS OR JUDGEMENTS SHALL RESULT IN THE PROPERTY MANAGER'S RIGHT TO DENY THE APPLICATION.
5. ANY INFORMATION PROVIDED THAT IS INCOMPLETE, INACURATE OR FALSIFIED, IS GROUNDS FOR DENIAL OF THE APPLICATION OR TERMINATION OF TENANCY UP UPON DETERMINATION OF FALSIFIED INFORMATION.
6. UNMARRIED ROOMMATE APPLICANTS SHALL SUBMIT INDIVIDUAL APPLICATIONS.

SIGNATURE

DATE

TENANT CHECK

FAHRNI REALTY, INC.
 98-277 KAM HWY.
 AIEA, HI 96701
 PH: 486-4166 FAX: 486-8444

RENTAL APPLICATION

THERE IS A **\$10.00** NON-REFUNDABLE APPLICATION FEE **PER ADULT**. WE WILL NOT PROCESS YOUR APPLICATION IF IT IS NOT FILLED OUT COMPLETELY AND WITHOUT THE APPLICATION FEE. YOU MUST FURNISH US WITH NAMES AND PHONE NUMBERS OF YOUR LAST TWO LANDLORDS.

THIS APPLICATION MAY BE SUBMITTED TO TENANTCHECK FOR VERIFICATION. PLEASE FURNISH ALL INFORMATION REQUESTED. USE ANOTHER SHEET OF PAPER IF NEEDED. *YOU MUST SIGN THIS APPLICATION.*

FIRM FAHRNI REALTY, INC.		FOR RENTAL UNIT LOCATED AT				
APPLICANT NAME		PHONE NO.	ALT. PHONE NO.		SOCIAL SECURITY NO.	
HOW LONG IN HAWAII? YRS. MOS.	SPOUSE'S NAME (NEEDED FOR CREDIT INFORMATION)			SOCIAL SECURITY NO.		
NUMBER OF OCCUPANTS	OTHER OCCUPANT NAME:			SOCIAL SECURITY NO.		
	OTHER OCCUPANT NAME:			SOCIAL SECURITY NO.		
	OTHER OCCUPANT NAME:			SOCIAL SECURITY NO.		
HOUSING DATA	PRESENT ADDRESS		FROM:	LANDLORD'S NAME	TELE NO.	RENT PAID
	CITY	ZIP CODE	WHY ARE YOU MOVING?			
	PREVIOUS ADDRESS		FROM:	LANDLORD'S NAME	TELE NO.	RENT PAID
	CITY	ZIP CODE	TO:	REASON FOR MOVING		
EMPLOYMENT DATA	EMPLOYER		ADDRESS		SUPERVISOR	TELEPHONE NO.
	POSITION HELD/HOW LONG AT PRESENT JOB?		SALARY		HOUSING ALLOWANCE/ROTATION DATE	
	PREVIOUS EMPLOYER		TO/FROM:		SUPERVISOR	TELEPHONE NO.
	SPOUSE'S EMPLOYER		SALARY		SUPERVISOR	TELEPHONE NO.
	OTHER INCOME	SOURCE	D.S.S. ASSISTANCE		AMOUNT	WORKER'S NAME & NO.
BANK DATA	BANK NAME		BRANCH	SAVINGS ACCT. NO.		CHECKING ACCT. NO.
	BANK NAME		BRANCH	SAVINGS ACCT. NO.		CHECKING ACCT. NO.
CREDIT AND LOAN DATA	FIRM NAME		BRANCH	ACCOUNT NO.	AMOUNT	MO. PMT. LOAN TYPE
	AUTOMOBILE (YEAR)	MAKE	MODEL	LICENSE NO.	MO. PAYMENT	LOAN CO. PHONE NO.
PERSONAL REFERENCES	NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP		ADDRESS PHONE NO.	
	IN CASE OF EMERGENCY, NOTIFY		RELATIONSHIP		ADDRESS PHONE NO.	
	PERSONAL REFERENCE (HAWAII RESIDENT)		PHONE NO.		REFERENCE #2	PHONE NO.
RECEIPT	APPLICATION FEE \$10.00 PER ADULT	PAYMENT TYPE	CHECK NO.		RENT AMT. FOR RENTAL UNIT APPLYING FOR \$	

I HAVE READ THE ABOVE FORM AND I UNDERSTAND THAT IF I CAUSE A FINANCIAL LOSS TO MY LANDLORD, THAT OF BOTH UNICHECK AND TENANT CHECK AND SUCH INFORMATION WILL BE FURNISHED TO SUBSCRIBERS WHO HAVE A BONNFIDE AND LEGAL NEED TO MAKE AN INQUIRY. I ALSO UNDERSTAND THAT CAUSING A FINANCIAL LOSS MAY LIMIT MY ABILITY TO OBTAIN 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 TENANT CHECK TO VERIFY THE ABOVE INFORMATION AND I UNDERSTAND THAT SHOULD YOU HAVE TO CALL THE MAINLAND OR THE OTHER ISLANDS FOR SUCH VERIFICATION THAT I WILL BE CHARGED THE COST OF THE CALL.

 APPLICANT'S SIGNATURE

 DATE

 APPLICANT'S SIGNATURE

 DATE