



RENTAL APPLICATION

1888 KALAKAUA AVE. SUITE #C306, HONOLULU, HAWAII 96815

PHONE: (808) 741-6040 FAX: (808) 949-2063

WWW.CARTWRIGHTCOURT.COM

PERSONAL INFORMATION

APPLICANT Name (First, Middle & Last)		BIRTHDATE:	SOCIAL SECURITY / PASSPORT #:	
E-MAIL:		CELLPHONE:	WORK PHONE:	HOME PHONE:
CO-APPLICANT Name (First, Middle & Last)		BIRTHDATE:	SOCIAL SECURITY / PASSPORT #:	
E-MAIL:		CELLPHONE:	WORK PHONE:	HOME PHONE:
OTHER OCCUPANT (First, Middle & Last)	RELATIONSHIP:	OTHER OCCUPANT (First, Middle & Last)	RELATIONSHIP:	

HOUSING DATA

PRESENT ADDRESS:				LANDLORD'S NAME:		LANDLORD'S PHONE:	
CITY	STATE	ZIPCODE	SHARED W/ OTHERS?	FROM:Month/Yr	TO:Month/Yr	MONTHLY RENT PAID:	
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
WHY ARE YOU MOVING?							
PREVIOUS ADDRESS:				LANDLORD'S NAME:		LANDLORD'S PHONE:	
CITY	STATE	ZIPCODE	SHARED W/ OTHERS?	FROM: Month/Yr	TO: Month/Yr	MONTHLY RENT PAID:	
			<input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYMENT DATA

APPLICANT'S EMPLOYER:		ADDRESS:			EMPLOYER'S PHONE:	
POSITION HELD:	SUPERVISOR:		DATES EMPLOYED:		SALARY:	
PREVIOUS EMPLOYER:	POSITION HELD:	SUPERVISOR:		DATES EMPLOYED:	SALARY:	

CREDIT HISTORY

SAVINGS AND/OR CHECKING ACCOUNT(S):	BANK / INSTITUTION NAME:		BALANCE (DEPOSIT / DEBT):	
SAVINGS AND/OR CHECKING ACCOUNT(S):	BANK / INSTITUTION NAME:		BALANCE (DEPOSIT / DEBT):	
AUTO AND/OR PERSONAL ACCOUNT(S):	BANK / INSTITUTION NAME:		BALANCE (DEPOSIT / DEBT):	

VEHICLE INFORMATION

LICENSE PLATE:	MAKE:	MODEL:	COLOR:	YEAR:
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PERSONAL REFERENCES

NAME OR NEAREST LIVING RELATIVE:	RELATIONSHIP:	ADDRESS:	PHONE:
PERSONAL REFERENCE (HAWAII RESIDENT)	RELATIONSHIP:	ADDRESS:	PHONE:
PERSONAL REFERENCE (HAWAII RESIDENT)	RELATIONSHIP:	ADDRESS:	PHONE:



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GENERAL INFORMATION		
WHEN WOULD YOU BE ABLE TO MOVE IN?		HOW LONG DO YOU THINK YOU WILL BE RENTING THE APARTMENT FOR?
HOW DID YOU HEAR ABOUT THIS RENTAL?	DO YOU KNOW ANYONE CURRENTLY RESIDING HERE?	DO YOU SMOKE?
HAVE YOU EVER BEEN SERVED A LATE RENT NOTICE?		HAVE YOU BEEN SERVED AN EVICTION NOTICE? IF SO, WHEN?
DO YOU HAVE ANY RECURRING PROBLEMS WITH YOUR CURRENT LANDLORD? IF YES, PLEASE EXPLAIN.		
HAVE YOU BEEN PARTY TO A LAWSUIT? IF YES, PLEASE EXPLAIN.		HAVE YOU EVER FILED FOR BANKRUPTCY? IF SO, WHEN?
HAVE YOU BEEN INVOLVED IN CRIMINAL ACTIVITY THAT MAY ADVERSELY AFFECT THE HEALTH, SAFETY OR WELFARE OF THE OTHER RESIDENTS?		
WE MAY RUN A CREDIT CHECK AND/OR A CRIMINAL BACKGROUND CHECK. IS THERE ANYTHING NEGATIVE THAT WE WILL FIND THAT YOU WANT TO COMMENT ON?		
IF YOU RUN INTO FINANCIAL DIFFICULTY IN THE FUTURE, DO YOU HAVE SOMEONE THAT COULD HELP WITH OR LOAN YOU RENT MONEY? IF SO, PLEASE PROVIDE THE PERSON'S NAME, PHONE NUMBER AND ADDRESS SO WE CAN USE THEM AS A REFERENCE FOR YOU.		
ANY OTHER INFORMATION THAT YOU WOULD LIKE US TO KNOW?		

NOTICE TO APPLICANT:	ALL OCCUPANTS (ADULT AND MINOR) MUST BE LISTED ON THE APPLICATION. EACH OCCUPANT ABOVE THE AGE OF 18 YEARS OLD MUST SUBMIT AN INDIVIDUAL APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
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AUTHORIZATION SIGNATURE

I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal background 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 residence and does not constitute a rental or lease agreement in whole or part.

I further agree that Landlord may terminate any agreement entered into in reliance on any misstatement made above. Once all information has been submitted, it becomes the property of Cartwright Court Apartments.

SIGNATURE: _____ NAME: _____ DATE: _____

SIGNATURE: _____ NAME: _____ DATE: _____

OFFICE USE ONLY

APT. ASSIGNED: _____ MONTHLY RATE: _____ MOVE IN DATE: _____

PARKING STALL: _____ FOB #: _____ ROOM KEY(S): _____ MAIL BOX: _____

SIGNATURE: _____ MANAGER: _____ DATE: _____



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We thank you for taking the time to fill out this Rental Application. It is important that ALL blanks be completed. Except for weekends, we can usually process your application within **24 - 48 hours**.

Should you **reconsider your decision**, please notify us immediately to cancel your application.

Please provide the following information in full for your application to be processed in a timely manner:

- ID** - Two forms of identification will be required. Please provide a copy of a valid state and/or government issued picture identification for each applicant 18 years and older (Driver's license, State ID, Military ID, and/or Passport).
- LANDLORD INFORMATION** - Include complete address of rentals, name and telephone number of landlords, amounts of rent paid, and dates of occupancy. P.O. Boxes are not acceptable.
- INCOME INFORMATION** - Include name of supervisor, length of employment, telephone number and, if requested, copies of your pay stubs for the most recent three months. Self-employed applicants may provide copies of their Hawaii State General Excise Tax returns, prior two years Federal Tax Returns and/or two years of earning statements prepared by a Certified Public Accountant. Military applicants may provide a copy of their Leave and Earnings Statement (LES). If you have more than one current employer, please provide all relevant information for each employer. Bank / mutual fund statements, or other liquid assets may be used to demonstrate applicant's ability to afford monthly rent. Copies of your bank / mutual fund statements for the last three months is required. If we are unable to verify your income, or your income is contrary to your lease application, our acceptance of your lease application will be withdrawn.
- VEHICLE INFORMATION** - If approved for parking privileges, you must provide copies of your valid driver's license, vehicle registration, proof of insurance and safety check. All must be current and valid.
- OTHER** - You may also include any other documentation that may support your application, such as benefit statements, letter(s) of employment, letter(s) of recommendation, and bank statements.

Consent to Verify Credit and Criminal Background. All applicants and co-signers must agree to the following:-

I hereby consent to allow Cartwright Court Apartments, through its designated agent and its employees, to obtain and verify my credit information, including a criminal background search for the purpose of determining whether or not to lease to me an apartment. I understand that should I lease an apartment, Cartwright Court Apartments and its agent shall have a continuing right to review my credit information, rental application, criminal background, payment history and occupancy history for account review purposes and for improving application methods.

Initials and Date

Initials and Date

Once processing is complete and your application has been approved, we will notify you and request that the security deposit (equal to one month's rent) plus the first month's rent be paid to us either in cash, money order, cashier's check or traveler's check within 24 hours of notification of acceptance, unless otherwise agreed upon.. In the event that the security deposit is not received, the apartment will go to the next available qualified applicant. Funds received will be deposited upon receipt and conveys intent to take occupancy of the apartment no more than seven days from receipt of deposit, unless otherwise agreed upon. In the event we receive an NSF, stop payment or another other notice whereby the funds are caused not to be deposited, our acceptance of your lease application will be withdrawn and we may pursue all legal remedies to recover any costs incurred, including attorney's fees and court filing fees.

Initials and Date

Initials and Date