



**RM MANAGEMENT LLC**

94-378 Pupupani Street Suite 203

Waipahu Hawaii 96797

Phone: (808) 676-8300

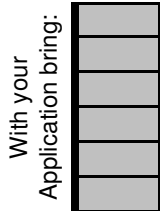
Fax: (808) 677-9911

Email: [rmmanagement@hawaiiantel.net](mailto:rmmanagement@hawaiiantel.net)

Website: [www.rmmanagementllc.com](http://www.rmmanagementllc.com)

**RENTAL APPLICATION**

Please use this packet to view a list of documents required to complete application process and submit information.



1. \$10 application fee per adult
2. Copies of picture ID's for all adults
3. Copies of pay check stubs for all working adults
4. Copies of bank statements
5. Any document that could increase your chance to qualify
6. Application is signed by ALL adult applicants

THIS APPLICATION IS SUBMITTED TO EQUIFAX FOR VERIFICATION. ANY FALSE OR WITHHELD INFORMATION WILL RESULT IN DENIAL.

**Questionnaire**

Date:

Unit Interested In:

Price Advertised:

How did you hear about this unit?  News Paper     Rental Magazine     Friend  
 Online    If so, Where? \_\_\_\_\_

Do you have any pets?  
 If Yes, Please List Qty, Age & Size.     Yes    If Yes, please list qty, weight and breed.  
 \_\_\_\_\_  
 \_\_\_\_\_

No    \_\_\_\_\_  
 \_\_\_\_\_

Security Deposit & First Months Rent     You have enough funds to pay this on your own.  
 You are applying for Assistance from:  
 \_\_\_\_\_

When do you need to move?

Have you seen the unit?     No     Exterior     Interior



Don't Forget your Supporting Documents!  
 Details Above

Remember to fill in all fields, for it is necessary to ensure a quick application process.

Name (Last, First, Middle Name)		Birth Date		Social Security		Telephone		Email / Alternate Contact #		
Co-Applicant Name (Last, First, Middle Name)		Birth Date		Social Security		Telephone		Email / Alternate Contact #		
Proposed Occupants	Other occupant, Name			Age	Social Security			Email / Alternate Contact #		
	Other occupant, Name			Age	Social Security			Email / Alternate Contact #		
	Other occupant, Name			Age	Social Security			Email / Alternate Contact #		
	Other occupant, Name			Age	Social Security			Email / Alternate Contact #		
	Total Number of Adults: _____ Total Number of Children: _____ * Please list additional names and contact numbers on space provided on last page. *									
Housing Data	Present Address			From	Landlords Name			Telephone	Rent Paid	
	City		State	Zip Code		Why are you moving?				
	Previous Address			Dates: To From	Landlords Name			Telephone	Rent Paid	
	City		State	Zip Code		Why did you move?				
Employment Data	Employer		Address			Office Number		Dates Employed		
	Position Held		FT PT	Wages/Salary		Supervisor		Supervisor's Phone		
	Previous Employer		Supervisor		Position Held		FT PT	Dates Employed	Salary/Wage	Telephone
	Co-Applicant's Employer		Supervisor		Position Held		FT PT	Dates Employed	Salary/Wage	Telephone
Other Income	Source		Worker's Name		Amount	Mo Wk	Bi-Wk Qrt	Unit/Branch	Telephone	
	Source		Worker's Name		Amount	Mo Wk	Bi-Wk Qrt	Unit/Branch	Telephone	
Bank Data	Bank Name		Savings Account # (last four) * * * * *			Checking Account # (last four) * * * * *			Direct Deposit? Yes No	
	Bank Name		Savings Account # (last four) * * * * *			Checking Account # (last four) * * * * *			Direct Deposit? Yes No	
Credit and Loan Data	Card Company		Account # (last four) * * * * *			Max Amount	Mo. Payment	Balance Due	Credit Type	
	Card Company		Account # (last four) * * * * *			Max Amount	Mo. Payment	Balance Due	Credit Type	
	Card Company		Account # (last four) * * * * *			Max Amount	Mo. Payment	Balance Due	Credit Type	
	Any more lines of credit? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, How many? _____									
	Auto Loan Co		Year	Make	Model	License No.	Mo. Payment	Balance Due	Driver Name	
	Auto Loan Co		Year	Make	Model	License No.	Mo. Payment	Balance Due	Driver Name	
Personal References	Nearest Relative			Telephone		Address			Relationship	
	1. Personal Reference			Telephone		2. Personal Reference			Telephone	
	In case of Emergency Notify			Telephone		Address			Relationship	

I have read the above form and I understand that if I cause a financial loss to my landlord, that my name may be placed in the files of both RM Management LLC and Equifax 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. If my application is denied, I may, within 30 days of such notification, request a written statement of reason(s) by contacting RM Management LLC at the address shown above.

I hereby authorize consumer reporting agencies to provide you with consumer reports relating to me. I hereby give my permission for RM Management LLC and Equifax 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 Signature

Date

Co-Applicant Signature

Date

*RM MANAGEMENT LLC  
94-378 PUPUPANI ST. SUITE 203  
WAIPAHU, HAWAII 96797-2600  
PH: 808-676-8300 FAX: 808-677-9911  
EMAIL: RMMANAGEMENT@HAWAIIANTEL.NET*

**AUTHORIZATION FORM  
NON-REFUNDABLE APPLICATION FEE**

I \_\_\_\_\_ & \_\_\_\_\_  
*Print Name (Applicant) Print Name (Co-Applciant)*

request, authorize and consent to the procurement of a Tenant Background Check and understand that they may contain information about my employment, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated below my signature. According to the Fair Credit Reporting Act, I will be notified by RM MANAGEMENT, LLC if tenancy is denied because of information provided. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to RM MANAGEMENT, LLC.

I \_\_\_\_\_ & \_\_\_\_\_  
*Print Name (Applicant) Print Name (Co-Applciant)*

**Also understand and acknowledge by signing below that the Application Fee is  
NON-REFUNDABLE..**

Signature: \_\_\_\_\_ & \_\_\_\_\_  
*(Applicant) (Co-Applciant)*

Date: \_\_\_\_\_

Receipt (Office Use)	Receipt is hereby acknowledged for the following	Application Fee \$ Rcpt#	Security Deposit \$ Rcpt#	1rst Month's Rent \$ Rcpt#
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