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PROPERTY LOCATION/ADDRESS: \_\_\_\_\_

MOVE-IN DATE: \_\_\_\_\_ MONTHLY RENT\$ \_\_\_\_\_

**AN APPLICATION FEE OF \$25 PER APPLICANT MUST BE SUBMITTED WITH EACH APPLICATION** Office use only  
RECEIPT: \_\_\_\_\_ DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

**PROPOSED OCCUPANTS:**

**APPLICANT NAME:** \_\_\_\_\_  
 \_\_\_\_\_ SS# \_\_\_\_\_  
 CONTACT #: \_\_\_\_\_  
 (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

**APPLICANT NAME:** \_\_\_\_\_  
 \_\_\_\_\_ SS# \_\_\_\_\_  
 CONTACT #: \_\_\_\_\_  
 (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

**PRESENT ADDRESS:** \_\_\_\_\_  
 LANDLORD'S NAME: \_\_\_\_\_  
 CONTACT #: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_  
 HOW LONG AT THIS ADDRESS: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_  
 LANDLORD'S NAME: \_\_\_\_\_ CONTACT # \_\_\_\_\_  
 HOW LONG AT THIS ADDRESS: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

**APP 1 CURRENT EMPLOYER:** \_\_\_\_\_ CONTACT #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_  
 SUPERVISORS CONTACT #: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 HOW LONG EMPLOYED HERE: \_\_\_\_\_  
 MONTHLY \_\_\_\_\_ WEEKLY INCOME \_\_\_\_\_ (CHECK ONE) \$ \_\_\_\_\_

DSS ASSISTANCE – INSTITUTION NAME: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
 CASE WORKERS NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**APP 2 CURRENT EMPLOYER:** \_\_\_\_\_ CONTACT #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_  
 SUPERVISORS CONTACT #: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 HOW LONG EMPLOYED HERE: \_\_\_\_\_  
 MONTHLY \_\_\_\_\_ WEEKLY INCOME \_\_\_\_\_ (CHECK ONE) \$ \_\_\_\_\_

DSS ASSISTANCE – INSTITUTION NAME: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
 CASE WORKERS NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**MILITARY PERSONNEL ONLY**

BRANCH OF SERVICE: \_\_\_\_\_ DUTY STATION: \_\_\_\_\_  
RANK: \_\_\_\_\_ HOUSING ALLOWANCE: \_\_\_\_\_  
ROTATION DATE: \_\_\_\_\_ IMMEDIATE SPVR: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
COMMANDING OFFICER: \_\_\_\_\_ CONTACT #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**BANK DATA:**

BANK NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_  
CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_ (CHECK ONE)

**PERSONAL REFERENCES**

**NAME:** \_\_\_\_\_ **CONTACT #:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
**NAME:** \_\_\_\_\_ **CONTACT #:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
**NAME OF NEAREST LIVING RELATIVE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CONTACT#:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
**EMERGENCY CONTACT:** \_\_\_\_\_ **CONTACT#:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

**PERSONAL INFORMATION:**

DOES ANYONE IN YOUR PARTY SMOKE? YES \_\_\_\_\_ NO \_\_\_\_\_ -OUR PROPERTIES ARE NON-SMOKING HOWEVER SMOKING IS ALLOWED OUTSIDE OF THE UNIT.  
DO YOU HAVE RENTERS INSURANCE? YES \_\_\_\_\_ NO \_\_\_\_\_ THE PROPERTY OWNER CARRIES INSURANCE ON THE DEWLLING ONLY. WE HIGHLY RECOMMEND THAT YOU OBTAIN INSURANCE TO COVER YOUR FURNISHINGS AND PERSONAL BELONGINGS

HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY OR "NO CONTEST" TO A FELONY?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN \_\_\_\_\_

**EVER BEEN EVICTED:?** YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE EXPLAIN \_\_\_\_\_

I HEREBY AUTHORIZE CONSUMER REPORTING AGENCIES TO PROVIDE YOU WITH CONSUMER REPORTS RELATING TO ME. I HEREBY GIVE MY PERMISSION FOR PETERSON PROPERTIES OF HAWAII, LLC TO VERIFY THE ABOVE INFORMATION. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_