

RESIDENTIAL APPLICATION

Equal Housing Opportunity IS YOU RIGHT!

Welcome we will need some info please fill in and submit
by email to Board@laniakea.info or mail to 369 Hobron Lane#40 Honolulu, HI 96815

Undersigned hereby makes an application to live in an apartment at the following property: 369 Hobron Lane, Unit #_____, Honolulu, HI 96815 and will make sure to update the board with changes to the info below within 30day of any change.

Anticipated move date of _____ for _____ months

PLEASE TELL US ABOUT OWNER AND OR RENTER

OWNER Full Name) _____ PHONE(____)____ - _____ E-MAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

After Hours Phone (____)____ - _____ I read All Rules __

Owner above will be living in unit __

OCCUPENT 1) Full Name) _____ PHONE(____)____ - _____ E-MAIL _____ I read the All Rules __

OCCUPENT 2) Full Name) _____ PHONE(____)____ - _____ E-MAIL _____ I read the All Rules __

OCCUPENT 3) Full Name) _____ PHONE(____)____ - _____ E-MAIL _____ I read the All Rules __

ID # : 1) _____ 2) _____ 3) _____

#1 Personal Reference or Emergency Contact: Contact Name Phone (____)____ - _____ Relationship: _____

#2 Personal Reference or Emergency Contact: Contact Name Phone (____)____ - _____ Relationship: _____

#3 Personal Reference or Emergency Contact: Contact Name Phone (____)____ - _____ Relationship: _____

PLEASE TELL US ABOUT PETS

Pets: Cat _____ Dog _____ Other _____

NOTE!!! YOU NEED BOARD APROVEL BE FOR ANY PET CAN COME ON TO THE PROPERTY OR YOU CAN BE FINED.

PLEASE TELL US ABOUT AGENT MANAGING PROPERTY (Self Managed ____)

AGENT Full Name) _____ PHONE _____ E-MAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

After Hours Phone _____

PLEASE DESCRIBE YOUR AUTO/ MOTER BIKES

We want to be on waiting for a Car___ Motor Bike___ Date_____ List below both Cars and Motor Bikes owned.

OWNER Vehicle Information: (We will assign#)

Make / Model /Color _____ Year _____ license Plate: _____ State:____ (#__)

OCCUPENT1 Vehicle Information:
Make / Model /Color _____ Year _____ License Plate: _____ State:____ (#__)

OCCUPENT1 Vehicle Information:
Make / Model /Color _____ Year _____ License Plate: _____ State:____ (#__)

OCCUPENT2 Vehicle Information:
Make / Model /Color _____ Year _____ License Plate: _____ State:____ (#__)

OCCUPENT2 Vehicle Information:
Make / Model /Color _____ Year _____ License Plate: _____ State:____ (#__)

OCCUPENT3 Vehicle Information:
Make / Model /Color _____ Year _____ License Plate: _____ State:____ (#__)

OCCUPENT3 Vehicle Information:
Make / Model /Color _____ Year _____ License Plate: _____ State:____ (#__)

Other info good to know (#_ occupant is a Diabetic, my pets doctor contact info is, ECT. **Only if you like everyone to know**)

Sign Owner _____ #1 _____ #2 _____ #3 _____

For more info see our website www.laniakea.info or look on wash room door