

**ALOHA TOWERS AOA  
APPLICATION FOR RESIDENCY**

Apartment No. \_\_\_\_\_

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

| NAME       | FIRST | MIDDLE | LAST | PRESENT PHONE |
|------------|-------|--------|------|---------------|
| <b>(1)</b> |       |        |      |               |

| PRESENT ADDRESS | Street | Apt.# | CITY | STATE | ZIP CODE |
|-----------------|--------|-------|------|-------|----------|
|-----------------|--------|-------|------|-------|----------|

| PRESENT (MOST RECENT LANDLORD/AGENT) | PHONE (Incl. Area) | HOW LONG? |
|--------------------------------------|--------------------|-----------|
|--------------------------------------|--------------------|-----------|

**EMPLOYMENT INFORMATION (If retired, list previous occupation or profession)**

| EMPLOYER/COMPANY/FIRM | STREET | CITY | STATE | ZIP CODE | PHONE |
|-----------------------|--------|------|-------|----------|-------|
|-----------------------|--------|------|-------|----------|-------|

| POSITION HELD | HOW LONG EMPLOYED | SUPERVISOR |
|---------------|-------------------|------------|
|---------------|-------------------|------------|

**LIST OF PERSONS RESIDING**

*If/when changes occur, notify Manager and/or your Agent/Owner. Any additions must be approved by the Agent.*

| NAME       | FIRST | MIDDLE | LAST | PRESENT PHONE |
|------------|-------|--------|------|---------------|
| <b>(2)</b> |       |        |      |               |

| EMPLOYER/COMPANY/FIRM | STREET | CITY | STATE | ZIP CODE | BUS. PHONE |
|-----------------------|--------|------|-------|----------|------------|
|-----------------------|--------|------|-------|----------|------------|

**REFERENCES: (Local Preferred)**

| NAME | ADDRESS | CITY | STATE | OCCUPATION | PHONE |
|------|---------|------|-------|------------|-------|
|------|---------|------|-------|------------|-------|

| NAME | ADDRESS | CITY | STATE | OCCUPATION | PHONE |
|------|---------|------|-------|------------|-------|
|------|---------|------|-------|------------|-------|

| VEHICLE/CAR (MAKE) | YEAR | MODEL | COLOR | LICENSE | STATE | STALL NO. |
|--------------------|------|-------|-------|---------|-------|-----------|
|--------------------|------|-------|-------|---------|-------|-----------|

**EMERGENCY INFORMATION**

| NAME OF OCCUPANT | PHYSICIAN | PHONE | HOSPITAL PREFERENCE | PHONE |
|------------------|-----------|-------|---------------------|-------|
|------------------|-----------|-------|---------------------|-------|

| PERSONS TO NOTIFY: NAME | COMPLETE ADDRESS | PHONE: HOME | BUSINESS |
|-------------------------|------------------|-------------|----------|
|-------------------------|------------------|-------------|----------|

1.

**Please complete this application and sign on the space provided**

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

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