



# NEW RENTAL PROPERTY INFORMATION SHEET

OWNER(S) INFO					
Owner's Last Name:	First Name:	Initial:	Social Security:	Telephone:	Email Address:
Co-Owner's Last Name:	First Name:	Initial:	Social Security:	Telephone:	Email Address:
Mailing Address:				Hawaii Tax ID #	
City, State, Zip Code:					
PROPERTY INFORMATION					
Property Address:					
Bedroom(s)	Bathroom(s)	Other(s)	Monthly rental rate desired: \$		
<input type="checkbox"/> Partially Furnished		<input type="checkbox"/> Furnished			
Range <input type="checkbox"/> Gas <input type="checkbox"/> Electric		List any Furnishings			
Heater <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Solar					
Pets Allowed <input type="checkbox"/> Yes <input type="checkbox"/> No		Is property currently for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No			
INSURANCE INFORMATION					
Insurance Company:					
Policy #:					
Agent Name & Contact Information:					
UTILITIES & SERVICES PAID BY:					
	Tenant	Owner		Tenant	Owner
Water	<input type="checkbox"/>	<input type="checkbox"/>	Yard Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	<input type="checkbox"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>	Refuse Collection	<b>Owner to Pay</b>	
TV Cable	<input type="checkbox"/>	<input type="checkbox"/>	Sewer / Cesspool Pump	<b>Owner to Pay</b>	
ADDITIONAL SERVICES					
Are you interested in Electronic Payments & Statements? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please complete Authorization for Direct Payment form (free service)					
File Periodic General Excise Returns/Payments? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annually (\$20 Fee per Filing)					