

**Ka Hale A Ke Ola Resource Centers Inc.**

**Rental Property Information**

\_\_\_\_\_  
**Print Client's Name**

\_\_\_\_\_  
**Rental Unit Address**                      **City**                      **State/Zip Code**

\_\_\_\_\_  
**Print Name (as shown on your income tax return)**

\_\_\_\_\_  
**Print Business Name (if different from above)**

\_\_\_\_\_  
**Print Landlord/Property Manager Name**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Mailing Address**                      **City**                      **State/Zip Code**

\_\_\_\_\_  
**General Excise Tax Number (G.E.T.)**

\_\_\_\_\_  
**Rental Property Tax Map Key (T.M.K.)**

\_\_\_\_\_  
**Signature of Landlord/Property Manager**

\_\_\_\_\_  
**Date**

**Ka Hale A Ke Ola Homeless Resource Centers  
Rental Assistance Program  
Deposit Agreement**

To : \_\_\_\_\_

From : KHAKO

Ka Hale A Ke Ola Homeless Resource Centers is providing security Deposit for

\_\_\_\_\_ (tenant), in the amount of \$ \_\_\_\_\_

Client's name

\_\_\_\_\_  
Address of rental unit

Upon termination of the rental agreement, you shall return the deposit back to our office within fourteen (14) business days. If there are any damages or necessary repairs, you may deduct the proper amount from the deposit and remit the remainder with an itemized statement of expenses with the appropriate receipts. However, should the damages exceed the amount of the security deposit, Ka Hale A Ke Ola Resource Centers will **not** be neither responsible nor pay for any future compensation. You may not deduct from the security deposit any loss rental income. Lastly, you shall provide this office written notification within seven (7) business days of any default by said tenant.

\_\_\_\_\_  
Landlord/Leasing Clerk & Agent/Property Manager/ Name (print)

\_\_\_\_\_  
Landlord/Leasing Clerk & Agent/Property Manager Signature

\_\_\_\_\_  
Date