

CONFIDENTIAL

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Resident Registration Card

Short Term Renter Registration

30 days or more, but less than 180

Form to be completed by the Real Estate Agent for the Unit.

Unit #: _____

Lease Dates-From: _____ to: _____

Renters:

List all individuals that will be staying in the Unit – include children and age if under 18 yrs old.

❖ **Real Estate Agent completing the Registration:**

Agent Name: _____ Company: _____

Cell #: _____ Other Contact #: _____

Email: _____

❖ **Primary Renter:**

Name: _____ Phone #: _____

Email: _____

❖ **Additional Residents:**

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Age if child under the age of 18 _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Age if child under the age of 18 _____

Phone: _____ Email: _____

➡ **Emergency Contact:** _____ **Phone #:** _____

This emergency contact will be good for all residents listed above.

➡ **Please Note:** Renters are not authorized to purchase Key FOBs or Pool Keys without written consent from the Home Owner or Managing Agent. Please attach authorizing letter if permission is requested.

➡ **Must attach a copy of the Rental Agreement.** (Private information such as Social Security Numbers should be blacked out)

Real Estate Agent Signature: _____ Date: _____

Additional Rental Residents:

INCLUDING children

❖ Name: _____ Relationship: _____
Email: _____ Phone #: _____
Age: _____ (ONLY if under 18)

❖ Name: _____ Relationship: _____
Email: _____ Phone #: _____
Age: _____ (ONLY if under 18)

❖ Name: _____ Relationship: _____
Email: _____ Phone #: _____
Age: _____ (ONLY if under 18)

❖ Name: _____ Relationship: _____
Email: _____ Phone #: _____
Age: _____ (ONLY if under 18)

❖ Name: _____ Relationship: _____
Email: _____ Phone #: _____
Age: _____ (ONLY if under 18)

Signature: _____ Date: _____

Mail Acceptance Form:

List all names for which The Association is authorized to accept mail:

❖ _____	❖ _____
❖ _____	❖ _____
❖ _____	❖ _____
❖ _____	❖ _____

All parcel notification will be via email unless otherwise specified

here: Indicate if you prefer a phone call notification YES: _____

Phone: _____

NAME(S): _____

DO NOT EMAIL THE FOLLOWING FOR PARCEL NOTIFICATION:

I hereby authorize the Front Desk to accept packages on the behalf of the above listed Occupants of my Unit. I understand that the Association is not responsible for any lost or damaged packages and that it does not accept any liability for its content and condition.

I acknowledge it is my responsibility to regularly check the Allure Procedures and remain up to date on the most current rules and regulations

Print Name: _____

Signature: _____ Date: _____

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Native Language Form

Unit #: _____

We would like to know your language preferences when receiving important information from Allure Waikiki Management. Though **it is not always possible to provide translations**, your assistance in answering the questions below is greatly appreciated and will allow us to help you.

Native language: _____

Do you understand *spoken* English: Yes No

Do you understand *written* English: Yes No

Can you *speak* English: Yes No

If No, please provide an English-speaking contact:

Name: _____

Contact phone #: _____

Print Name: _____

Signature: _____

Date: _____