

islandcolonypartners

445 Seaside Avenue, Mezzanine Floor, Honolulu, HI 96815
Office: 921-7110 / Fax: 808-922-3809

Owner Registration Form

Please print clearly in black or blue ink.

*All fields must be completed/No blank spaces, or it will be rejected.

Please allow 2 weeks for APPROVAL after we receive ALL completed paperwork

REQUIRED DOCUMENTS FROM OWNER:

- | | |
|--|---|
| <input type="checkbox"/> <i>Certificate of Insurance*</i> | <input type="checkbox"/> <i>Tax Clearance Form (Form A6)</i> |
| <input type="checkbox"/> <i>Copy of GET/TAT License</i> | <input type="checkbox"/> <i>Verification of Real Property Tax</i> |
| <input type="checkbox"/> <i>License Agreement & \$1000 fee**</i> | <input type="checkbox"/> <i>Room Inspection Approval</i> |
| <input type="checkbox"/> <i>Tenant Cloud set up***</i> | |

Owners Information

Name on Title: _____ Unit # _____

SSN, ITIN, FED ID #: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Payment information:

Person responsible for paying and receiving invoices? (Circle one of the below)

Owner or Property Manager

Email address to send the Tenant Cloud set up link? _____

(Note the email provided above is the entity setting up to receive monthly invoices & making payments)

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Please SELECT one of the below.

Self-Managed ****

Property Manager

PROPERTY MANGER / LOCAL REPRESENTATIVE			
COMPANY <small>(BLANK IF SELF MANAGE IS SELCTED ABOVE)</small>			
CONTACT PERSON			
OFFICE PHONE		MOBILE PHONE	
FAX		EMAIL	

Please provide information on your Cleaner & Maintenance Team

CLEANER			
COMPANY			
NAME			
OFFICE PHONE		MOBILE PHONE	
FAX		EMAIL	

MAINTENANCE / VENDOR			
COMPANY			
NAME			
OFFICE PHONE		MOBILE PHONE	
FAX		EMAIL	

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Owner's signature: _____

Property Manager or Local Representative Signature: _____

Cleaner Signature: _____

Maintenance Signature: _____

MANAGER'S APPROVAL _____ Date _____

***Minimum \$1,000,000 in general liability coverage per incident; Additional insured – Island Colony Partners, 445 Seaside Ave. Mezz Floor, Honolulu, HI 96815**

**** Initial registration is \$1000, and annual renewal of license is \$500.**

***** *Tenant cloud Link will be sent once we receive ALL completed documents***

****** All non resident owners must have a local representative listed. The local representative must be able to respond to all issues immediately. By law, a local representative can only represent one rental unit in the State of Hawaii. All self managed units must carry \$1,000,000 Commercial Liability Policy consistent with the guidelines of Bill 41. Estimated cost is approximately \$500 annually. You may contact Arlene with Mutual Underwriters for a quote or your preferred insurance carrier.**