

allure
Resident Registration Card

CONFIDENTIAL

Home Owner Registration

Unit #: _____

Parking Stall# _____

Primary Residence

List only names that are on the deed for the Unit.

❖ First Name: _____ Last Name: _____

Cell #: _____ Other Contact #: _____

Email: _____

Check if you wish to receive: ☐ Email Notifications/Eblasts

❖ First Name: _____ Last Name: _____

Cell #: _____ Other Contact #: _____

Email: _____

Check if you wish to receive: ☐ Email Notifications/Eblasts

❖ First Name: _____ Last Name: _____

Cell #: _____ Other Contact #: _____

Email: _____

Check if you wish to receive: ☐ Email Notifications/Eblasts

➡ Unit Phone #: _____ EnterPhone #: (Must be local Oahu #) _____

➡ Emergency Contact: _____ Phone #: _____

Relationship to Owner: _____

THIS EMERGENCY CONTACT WILL BE GOOD FOR ALL RESIDENTS RESIDING IN THE UNIT

➡ Emergency Evacuation List: ☐ Resident of this Unit requires evacuation assistance. ☐ Assistance is not required.
Please write any additional information on the back of this page.

Ⓢ Signature: _____ Date: _____

Non-Owner Residents:

List all other people living in the Unit – include children.

All registered residents have the following permissions unless otherwise noted: Purchase Key FOBs/Pool Keys, Reserve Community Room/BBQ Grill, Register Guests, and Schedule Moves or Deliveries.

❖ Name: _____ Relationship: _____

Email: _____ Phone #: _____

Age: _____
(ONLY if under 18)

List Any Permissions Denied: _____
(schedule move in/move out, deliveries, authorize guests, etc.)

❖ Name: _____ Relationship: _____

Email: _____ Phone #: _____

Age: _____
(ONLY if under 18)

List Any Permissions Denied: _____

❖ Name: _____ Relationship: _____

Email: _____ Phone #: _____

Age: _____
(ONLY if under 18)

List Any Permissions Denied: _____

❖ Name: _____ Relationship: _____

Email: _____ Phone #: _____

Age: _____
(ONLY if under 18)

List Any Permissions Denied: _____

Owner's Signature: _____ Date: _____

Authorized Guests & Contractors, Length & Reason of stay:**From:** _____ **To:** _____

You may preapprove recurring visitors that you would like to be authorized to enter the building under your responsibility. Personal contractors can be authorized to schedule deliveries or moves on your behalf.

❖ Name of Guest: _____ Phone #: _____

Name of Company: _____ Permissions Granted: _____
(If Applicable) (Schedule Moves, Deliveries)

Comments/Reason of stay (vacation, cleaner, etc.): _____

❖ Name of Guest: _____ Phone #: _____

Name of Company: _____ Permissions Granted: _____
(If Applicable) (Schedule Moves, Deliveries)

Comments/Reason of stay (vacation, cleaner, etc.): _____

❖ Name of Guest: _____ Phone #: _____

Name of Company: _____ Permissions Granted: _____
(If Applicable) (Schedule Moves, Deliveries)

Comments: _____

❖ Name of Guest: _____ Phone #: _____

Name of Company: _____ Permissions Granted: _____
(If Applicable) (Schedule Moves, Deliveries)

Comments: _____

➡ These authorized Guests and their given permissions will remain valid until the **Front Desk** is notified in writing of any changes.

➡ The Association reserves the right to deny access to any Guests without the Home Owner present, regardless of this form, for any reason deemed necessary.

Print Name: _____

Signature: _____ Date: _____

Vehicle Registration:

All vehicles must be registered and sticker decals displayed to avoid the risk of being towed.

Parking Stall(s) associated to the Unit by purchase agreement:
(For rented parking stalls, please complete Parking Stall Rental Form)

1. Sticker #:

License Plate State:

License Plate #:

Make/Model/Color:

2. Sticker #:

License Plate State:

License Plate #:

Make/Model/Color:

REMOVE VEHICLE FROM RECORD:

3. Sticker #:

License Plate:

Make/Model/Color:

Print Name: _____

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: _____

Pet Registration:

City & County of Honolulu law requires that all dogs, four months or older, have and wear a county-issued license tag. This identifies you as the legal owner. A tag can be purchased at any Satellite City Hall.

Pet Name: _____ Type (Dog/Cat): _____

Breed: _____ Age: _____

Current Weight: _____ (25 lb. Max Weight Limit) Potential Adult Weight: _____ Lbs.

Color: _____

Please attach a photo:



Signature: _____ Date: _____



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: _____



Medical Awareness Form

Disclaimer: This form is strictly voluntary! Please complete ONLY if you would like Management to act in a specific way in case a medical emergency occur. You, by no means, are obligated to inform Management of any medical conditions. The Association holds no liability for inability to perform these actions properly or timely.

Name: _____ Unit #: _____

Please describe medical condition, including warning signs & symptoms:

What steps would you like for our Staff to take in case of medical emergency?

Emergency Contact: _____ Phone: _____

Preferred Hospital: _____

❖ Signature: _____ Date: _____



Lock Box Registration

Unit #: _____ Lock Box Registration #: _____

Description of Lock Box: (CIRCLE ONE: Owner / Renter / Agent)

I understand that the use of the lock box station is at my own risk, and that the Association is not liable in any way for any harm that comes of its use.

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

Resident Name: _____

Signature: _____

Date: _____

SurePay

Authorization Form

I authorize Hawaiiana Management Company, Ltd., as Agent for my association, to begin deductions from my account with the financial institution named below for payment of my association charges.

I also agree to payment of any handling fee charged for SurePay payment that cannot be processed due to insufficient funds, stop payment or account closure.

If I wish to terminate my SurePay payment, I understand that I must send a letter of notification to Hawaiiana Management Company, Ltd., and that notification must be received by Hawaiiana at least 15 days prior to my next scheduled SurePay payment; otherwise termination will take place beginning with the following payment.

If Hawaiiana Management Company, Ltd. wishes to terminate SurePay service, the company will send a letter of notification to me. This letter will be mailed 20 days prior to the next SurePay payment for the termination to be effective.

Date: _____

Association: ALLURE WAIKIKI

Unit Number: _____

Phone #: _____

E-mail Address: _____

Hawaiiana Account Number: 2014

My Financial Institution: _____

9-Digit Routing Number: _____

My Account Number: _____

Type of Account: ☐ Checking ☐ Savings

Authorized Signature

Account Holders Name (please print)

Please attach a voided check from your financial institution for verification. If the form is received by the 15th, SurePay will go into effect on or around the 10th of the following month*.

SurePay

Maintenance Fee Deduction

(PLEASE KEEP THIS SECTION FOR YOUR RECORDS)

On _____, I authorized Hawaiiana Management Company, Ltd., to initiate electronic funds transfer from my financial institution account on or about the 10th of each month* to pay my association charges for my unit.

Association Name: Allure Waikiki

Unit Number: _____

Financial Institution: _____

Type of Account: ☐ Checking ☐ Savings

Account Number: _____

NOTES:

If you wish to terminate SurePay payment, send a letter of notification to:

**Hawaiiana Management Company, Ltd.
Attention: SurePay
711 Kapiolani Boulevard, Suite 700
Honolulu, Hawaii 96813**

Your letter must be received 15 days in advance of the next SurePay payment and include your phone number and original signature for the termination to be effective.

If Hawaiiana Management Company, Ltd. wishes to terminate SurePay service, we will mail a letter of notification to you 20 days in advance of the next SurePay payment.

If you have any questions regarding your bank statement, please call your financial institution. If you have any questions regarding SurePay, please call us at 593-6830 and ask for the Assistant Controller.

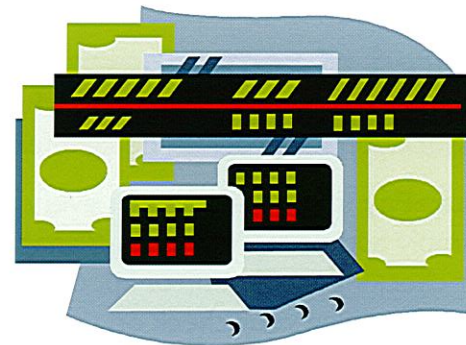
Please keep Hawaiiana apprised, **in writing**, of any change of address or account information. Be sure to include your phone number, account number and original signature on all correspondence.

*NOTE: If the 10th falls on a Saturday, your payment will be deducted on the 9th. If the 10th falls on a Sunday or holiday, your payment will be deducted on the next business day.

SurePay

Automatic Payment Service

for your Association Charges



SurePay Advantages:

- ***No checks to write!***
- ***No postage to pay!***
- ***No chance of late fees!***



**Hawaiiana Management Company, Ltd.
711 Kapiolani Boulevard, Suite 700
Honolulu, Hawaii 96813
Ph: 593-9100 Fax: 593-6333
www.hmcmgt.com**

Discover the convenience of **SurePay** Automatic Payment of Association Fees

SurePay offers an easy approach to paying association charges through any participating local or mainland bank, credit union or savings & loan.

Tired of remembering to send your association fees? Want to **save postage** and **avoid late charges**? Then it's time for **SurePay**, the automatic association fee program being offered by Hawaiiana Management Company, Ltd.

SurePay is easy, and almost every financial institution in the United States participates. Simply authorize Hawaiiana Management Company, Ltd., to directly debit your savings or checking account on or about the tenth of every month*, and you'll never worry again about mailing your check on time.

Hawaiiana's **SurePay** is an automatic payment system that has been in use for many years. It's easy, reliable, and has been proven by many users including banks, utility companies and Hawaiiana itself.

If you decide later that you would prefer to pay your association charges directly, you can stop automatic payments by simply sending a letter to Hawaiiana stating your desire to terminate the service. (Please be sure to include your phone number in any correspondence for confirmation purposes.) The letter must be received **on** or **before** the 15th of a month to terminate service for the following month.

For **SurePay** convenience, simply complete the adjacent form, detach and return it today! Retain the informational portion for your files.

*PLEASE NOTE: If the 10th falls on a Saturday, your payment will be deducted on the 9th of the month. If the 10th falls on a Sunday or holiday, your payment will be deducted on the next business day.

(KEEP THIS PART FOR YOUR RECORDS)

SurePay

Instructions

This brochure has two parts. One part is the Authorization Form and the second part is an informational section, which you should keep for your records.

First: Complete the Authorization Form and cut it off along the dotted line.

Second: Please make sure that you have written your account number correctly on the form. If you are using your checking account, please attach a voided check with your form.

Third: Mail the completed form and voided check to the following address.

Mail Authorization Form to:

**Hawaiiana Management Company, Ltd.
Attention: SurePay
711 Kapiolani Boulevard, Suite 700
Honolulu, Hawaii 96813**

Fourth: Be sure to keep Hawaiiana apprised of any changes to your mailing address.

Please review your bank statement for your first SurePay payment. If we receive your completed form by the 15th of a month, SurePay will be effective the following month.

If you have any questions, please call 593-6830 and ask for the Assistant Controller.