

allure

Resident Registration Card

CONFIDENTIAL

Home Owner Registration

Unit #: _____

☐ Rental ☐ Resell

Home Owners:

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

❖ First Name: _____ Last Name: _____

Email: _____ Phone #: _____

Check if you do NOT wish to receive: ☐ Emergency SMS Alerts ☐ Email Notifications/Eblasts

❖ First Name: _____ Last Name: _____

Email: _____ Phone #: _____

Check if you do NOT wish to receive: ☐ Emergency SMS Alerts ☐ Email Notifications/Eblasts

➡ Primary Address: _____

Vehicle Registration:

Parking Stall(s) #: _____

Sticker #:

License Plate:

Make/Model/Color:

❖ Signature: _____ Date: _____

AW1003B-022814

Real Estate Agent:

The entity in which you authorize to be the Managing Agent for your Unit. Attach a copy of Agent's business card.

❖ Agent Name: _____ Company: _____

Cell Phone #: _____ Office Phone #: _____

Email: _____

- ➔ In order for this authorization to be valid, both the Home Owner's AND the Managing Agent's signatures must be valid and present on this form **OR** attach a copy of the management contract.
- ➔ This management agreement will remain valid until Allure Waikiki Management is notified in writing by either the Home Owner or Management Company.

- ➔ I hereby authorize and appoint the person(s) listed above to be my Managing Agent on my behalf.

Comments: _____

Home Owner Printed Name: _____

Home Owner Signature: _____ Date: _____

- ➔ I hereby verify the above information to be correct and consent to be the Managing Agent for this Unit.

- ➔ I understand that rentals less than 30 days are in violation of the Allure Waikiki House Rules and I will not willingly facilitate such.

Real Estate Agent Printed Name: _____

Real Estate Agent Signature: _____ Date: _____

Authorized Guests & Contractors:

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: _____

❖ 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: _____

❖ 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: _____

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Security Password Form

** Your password may be a word, phrase, or number.*

Unit #: _____

New Security Password:

Be sure to remember this password as it may be requested for authorization when calling the Front Desk. This password may be changed at any time.

Resident Name: _____

Resident Signature: _____

Date: _____

Mail Acceptance Form:

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

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

Primary Contact for Mail: _____

Contact Phone #: _____

Contact Email: _____

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: _____



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: _____



Parking Available for Rent

Available Parking Stall #: _____

Monthly Cost: _____

Name of Contact: _____

Phone Number: _____

Comments: _____

➡ It is not the responsibility of the Association to manage Parking Stall Rentals; your contact information will be made available to Residents inquiring about renting Parking Stalls.

➡ Be sure to contact Management once your Stall has been rented.

Date: _____

Print Name: _____

Signature: _____



Lock Box Registration

Unit #: _____ Lock Box Registration #: _____

Description of Lock Box:

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: _____



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: _____

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: _____

Unit Number: _____

Phone #: _____

E-mail Address: _____

Hawaiiana Account Number: _____

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: _____

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.

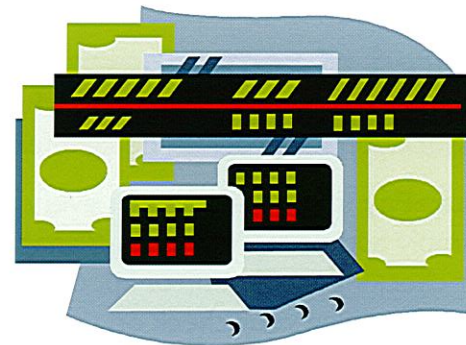
Please keep Hawaiiana apprised, **in writing**, of any change of address or account information. Be sure to include your phone number, account number and original signature on all correspondence.

*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.
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www.hmcmgt.com**