

TENANCY APPLICATION FOR THE PROPERTY AT

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We need your personal details on this form in order to manage the letting of the above rental property. Please read carefully. If you do not supply full and correct details, we will not follow up this application.

Main Applicant (spell names exactly, as in your Birth Certificate or Passport)

Full name:	Date of birth:
(First name) (Second name) (Surname)	(Day/Month/Year)
Which Bank do you deal with?	Phone:
Email address:	Mobile:
Which proof of identity can you provide? (tick box below)	Do you smoke? <input type="checkbox"/> Yes
<input type="checkbox"/> Driver Licence: Version (5b): <input type="checkbox"/> Passport	Permanent Resident? <input type="checkbox"/> Yes
Present address:	Phone:
How long at this address? Rent: \$	Bond: \$
Present Landlord/Manager:	Phone:
Reason for leaving:	
Your address before this:	
Your current occupation:	
Your Employer:	Phone:
How long have you been employed by the above employer:	
Name of close Relative:	Relationship:
Address:	Phone:
I declare that the information given by me on this form (2 pages) is true and correct, and I grant you authority under the provisions of the Privacy Act 1993 to collect, disclose, use and make enquiries into information on any matter relevant to this application.	
I give my permission for a credit check.	
Signed by Applicant:	Date:
If I am offered this property, I would like to start the tenancy on this day/date:	
I am looking for a place to rent for the following period (please specify):	

References (people who have known you personally for a long time)

Name of Referee:	Phone:
Name of Referee:	Phone:

Spouse/Partner/Flatmate (spell names exactly, as in your Birth Certificate)

Full name:	Date of birth:
(First name) (Second name) (Surname)	(Day/Month/Year)
Which proof of identity can you provide? (tick box below)	
<input type="checkbox"/> Driver Licence: Version (5b):	<input type="checkbox"/> Passport
Do you smoke? <input type="checkbox"/> Yes	
Permanent Resident? <input type="checkbox"/> Yes	
If you are not living at the same address as the Main Applicant on Page 1, please fill in this section.	
Present address:	Phone:
How long at this address?	Rent: \$ Bond: \$
Your address before this:	
Your current occupation:	
Your Employer:	Phone:
How long have you been employed by the above employer:	
I declare that the information given by me on this form is true and correct, and I grant you authority under the provisions of the Privacy Act 1993 to collect, disclose, use and make enquiries into information on any matter relevant to this application.	
I give my permission for a credit check.	
Signed by Applicant:	Date:

Names, relationships, ages or occupations of others to live in the property:

Name and surname	Age	Relationship	Occupation	Smoker?
1.	<input type="checkbox"/> Yes
2.	<input type="checkbox"/> Yes
3.	<input type="checkbox"/> Yes
4.	<input type="checkbox"/> Yes

Vehicles that you will be bringing to the property

Number of cars?	Types (make/model):
Any other vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	

Things that you intend bringing to the property that you already have with you

<input type="checkbox"/> Refrigerator <input type="checkbox"/> Washing machine <input type="checkbox"/> Clothes dryer <input type="checkbox"/> Lawnmower <input type="checkbox"/> Gas/electric heater <input type="checkbox"/> Dehumidifier	<input type="checkbox"/> Vacuum cleaner <input type="checkbox"/> Double bed <input type="checkbox"/> Table and chairs <input type="checkbox"/> Single beds
Do you have a "Householder's" or "Contents" insurance policy to protect the things you own? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: