

STYLE PROPERTY MANAGEMENT

Tenancy Application Form

PROPERTY

RENTAL PROPERTY APPLIED FOR: _____

Rent per week \$ _____ Bond – Three Weeks Rent \$ _____

Proposed Start Date of Tenancy _____

Proposed Length of Tenancy _____

APPLICANT

SURNAME: _____ GIVEN NAMES: _____

PHONE: Home: _____ Business: _____ Mobile: _____

Email: _____

Drivers Licence: No: _____ (5a) Version: _____ (5b) DOB: _____ (3)

Passport Number: _____ Car Registration No. _____

Current Address: _____

Period of time at current address: _____ Owned / Rented / Family (strike out not applicable)

Landlord or Agents Name: _____ Contact No. Landlord / Agent _____

Previous Address if less than 2 Years: _____

Period of time at current address: _____ Owned / Rented / Family (strike out not applicable)

Landlord or Agents Name: _____ Contact No. Landlord / Agent _____

Proposed other persons who may reside at residence: _____

Smoker Y/N _____ Pets Y/N _____

APPLICANT EMPLOYER / SOURCE INCOME

Employer / Source of Income: _____

Current Position: _____ How long in position: _____

Contact Person: _____ Ph: _____

Income per week after tax: _____

REFERENCE / PRIVACY

This application form collects personal information about you. All unsuccessful application forms will be destroyed. Successful application forms will be retained and will constitute part of the Tenancy Agreement. If you enter into a Tenancy Agreement and fail to comply with the terms of that agreement information may be sent to a Credit Bureau or Tenant Default Database.

Relative or Close friend in NZ

Name: _____

Relationship: _____

Address: _____

Phone: _____

I/We authorize the Landlord /Style Property Management Ltd to make independent checks of the information provided in this application including checks with the people I have named as references and any other Credit Bureau or Tenant Default Database.

SIGNED: _____

Date: _____

Please fax to 09 271 3706 or complete on line at www.styleproperty.co.nz