

PRE-TENANCY APPLICATION FORM

RiccartonStudentFlats.co.nz

027 432 3057

APPLICANT SURNAME:..... FIRST NAMES:.....

PHONE: HM.....WK.....MOB.....
EMAIL

COURSE OF STUDY:.....YEAR.....EMPLOYER:.....

DATE OF BIRTH:...../...../.....**COPY PASSPORT OR DRIVERS LICENCE ATTACHED: YES / NO**
CAR REG (IF APPLICABLE):.....

PRESENT ADDRESS:.....

MOVED IN:...../...../.....

PRESENT LANDLORD:..... HM.....

WK..... MOB.....

REASON FOR MOVING:.....

.....

YOUR NEXT OF KIN:..... **RELATIONSHIP:**.....

CONTACT NUMBER:.....

ADDRESS:.....

PREFERRED COMMENCEMENT DATE OF TENANCY:/...../..... (Between 24/1/17 and 10/2/17)

NAMES OF TWO CHARACTER REFEREES – (NO FAMILY MEMBERS PLEASE)

(1).....RELATIONSHIP:..... HM.....
.....WK.....MOB.....

(2).....RELATIONSHIP:..... HM.....
.....WK.....MOB.....

ANY PETS? YES/NO PLEASE SPECIFY:..... NUMBER OF SMOKERS TO RESIDE IN PREMISES?:.....

ANY COMMENTS:.....

NAMES OF OTHERS TO OCCUPY THE PREMISES:

(1)

(2)

(3)

(4)

(5)

(6 bed properties only)

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I CERTIFY THAT I AM OVER THE AGE OF 18 YEARS AND ALL THE ABOVE PARTICULARS ARE TRUE & CORRECT. I AUTHORISE WHITEHOBAN PROPERTIES TO CONTACT MY REFEREES AND PAST LANDLORDS

APPLICANT SIGNED:..... DATE:/...../.....

whitehoban@xtra.co.nz