



PLEASE PROVIDE ALL INFORMATION REQUESTED IN THIS FORM.

Failure to supply all information requested may result in your application not being processed and you not being considered as a suitable applicant.

RESIDENTIAL TENANCY APPLICATION

Please print this document, fill in where applicable, scan & email back to the relevant Property Manager, Fax back to 416 6965 or hand in at our office at 88 Hobsonville Point Road, Hobsonville.

In Terms of the Privacy Act 1993 you are given notice that:

This application form asks you to provide personal information.

The information collected on this form is required so that the landlord is better able to assess whether you would be the best applicant on merit for the tenancy and to record limited information contained in the application form on a web-based database. The limited information concerns your identity and your last known address. This information is required to assist the landlord in locating you to enforce any unsatisfied money order made by the tenancy tribunal.

The information is provided by you to the Property Manager.

We advise you that you have the right to see the information we hold about you.

We advise you that you have the right to correct that information if it is incorrect in accordance with the Privacy Act.1993.

If you do not enter a tenancy agreement with the landlord referred to on this application form, the application form will be destroyed.

Other information drawn to your attention: By completing this form you evidence the fact that you are applying to rent a residential house / flat / apartment and you are further advised that: If you do not supply all the information requested in this application form you may not be considered as the best applicant for the rental property or properties available.

Name of Occupant:..... Signature:.....

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Main Applicant to fill out page 1, 2 and 3. All occupants over the age of 18 years to fill out a copy of page 4 and 5.

Address of rental property.....
Weekly rent \$..... Preferred move in date:..... Min length tenancy required:.....

Main Applicant Details: _____

Have you viewed this property? Yes / No

Name of Applicant
(First Name) (Middle Name) (Family Name)
Date of birth: If under 18 years are you married Yes / No Male / Female (please circle)
Mobile..... Work.....
Email WINZ # (if applicable).....
Identification: Drivers Licence Number*: (#) (version)..... Type

PLEASE PROVIDE A PHOTOCOPY OF YOUR DRIVER'S LICENCE AS PROOF OF ID.

Emergency contact details*: Name..... Ph.....
Email..... Address.....

* Emergency contact must be a friend or relative not living with you.

Number of people intending to reside in the property (including applicant)

Names of people intending to reside in the property

(If under the age of 18 Years old please state age and relationship to main applicant beside name):

.....
.....

Current rental details:

Current home address.....
Length of time at this address.....years. Rent Per Week: \$.....
Reason for leaving current address.....
Current landlords name and contact number:

Previous Landlords details 1:
First name Family name Telephone no. Or email if over seas
Address where you resided: Rent per week: \$..... Date vacated:/...../.....
Previous Landlords details 2:
First name Family name Telephone no. Or email if over seas
Address where you resided: Rent per week: \$..... Date vacated:/...../.....

RESIDENTIAL TENANCY APPLICATION



Income and Employment:

Current Employer/Company (if employed) :
Job description: Income per week \$.....
Work address: Work Phone.....
Managers name: How Long with this employer?.....
Managers contact number/email.....
Other source of income if not currently employed: WINZ No:.....

Referees:

I agree to you contacting any of the following referees.

..... Telephone..... .. Email

..... Telephone..... .. Email

Previous History:

Have you ever had a tenancy terminated before? Yes | No (Please circle)

If yes, please provide details:

Have you ever had money deducted from your bond? Yes | No (Please circle)

If yes please provide details:

Do you currently have debts that have been referred to a debt collection agency? Yes | No (Please circle)

If yes please provide details:

Do you currently owe debt to any finance companies Yes | No (Please circle)

If Yes how much.....

Do you currently owe debt to any other Landlord or Property Manager Yes | No (Please circle)

If Yes give details

Pets and Smokers:

Pets: Do you have a pet? YES | NO If yes, What is the pet?.....

NAME/BREED/AGE:Registration Number (Dog).....

Smoking: Are you or any other prospective occupant, a smoker? YES | NO

Motor Vehicles:

Will you or any other occupant be parking a motor vehicle on the property? YES | NO If yes how many?.....

Vehicle Details:
Make Model Colour Registration number

Vehicle Details:
Make Model Colour Registration number

Who is the registered owner? Is there finance on the vehicle? YES | NO

Who is the registered owner? Is there finance on the vehicle? YES | NO

RESIDENTIAL TENANCY APPLICATION

Tenants Declaration, Consents and Agreements:

I agree to you checking any of the details contained on this application form with any credit reference service or tenant information database.

I agree to you placing any of the information regarding my identity supplied on this application form on a national online database.

I agree that you may use any of the information on this application form to assist in the enforcement of any unsatisfied Order made against me by the Tenancy Tribunal.

I agree that you may use any of the information contained on any Tenancy Tribunal Order to assist the enforcement of any unsatisfied Money Order made against me by listing details of the order on an online national database.

I confirm the information in this form is true and correct and that I have read and signed the Cautions under the Privacy Act 1993 and other information on the other side of this application form before completing the application form itself.

.....Date ____ / ____ / ____
(Signature of Main Applicant)

Your Property Manager is:

	<p>Brenda Tregonning Property Manager</p> <p>M: 0275 835 105 Email: brenda@faceup.co.nz</p>	<p>FACEUP THE NEW FACE OF REAL ESTATE <small>LICENSED REAA 2008</small></p> <p>Website: www.faceup.co.nz Business: 09 416 6987</p>
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RESIDENTIAL TENANCY APPLICATION



Other Occupants: ONE COPY PER APPLICANT OVER 18 YEARS

Name of Occupant
(First Name) (Middle Name) (Family Name)
Date of birth: If under 18 years are you married Yes / No Male / Female (please circle)
Mobile..... Work.....
Email WINZ # (if applicable).....
Identification: Drivers Licence Number*: (#) (version)..... Type

PLEASE PROVIDE A PHOTOCOPY OF YOUR DRIVER'S LICENCE AS PROOF OF ID.

Emergency contact details*: Name..... Ph.....
Email..... Address.....

* Emergency contact must be a friend or relative not living with you but can be the same as the Main Applicant.

Current rental details: ☐ (tick if same as main applicant)

Current home address.....
Length of time at this address..... years. Rent Per Week: \$.....
Reason for leaving current address.....
Current landlords name and contact number:

Referees: ☐ (tick if same as main applicant)

I agree to you contacting any of the following referees.

..... Telephone..... Email

Previous History:

Have you ever had a tenancy terminated before? Yes | No (Please circle)

If yes, please provide details:

Have you ever had money deducted from your bond? Yes | No (Please circle)

If yes please provide details:

Do you currently have debts that have been referred to a debt collection agency? Yes | No (Please circle)

If yes please provide details:

Do you currently owe debt to any finance companies Yes | No (Please circle)

If Yes how much.....

Do you currently owe debt to any other Landlord or Property Manager Yes | No (Please circle)

If Yes give details

Income and Employment:

Current Employer/Company (if employed) :
Job description:..... Income per week \$.....
Work address:..... Work Phone.....
Managers name:..... How Long with this employer?.....
Managers contact number/email.....
Other source of income if not currently employed:..... WINZ No:.....

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I confirm the information in this form is true and correct and that I have read and signed the Cautions under the Privacy Act 1993 and other information on the other side of this application form before completing the application form itself.

.....Date ____ / ____ / ____
(Signature of Applicant)

Your Property Manager is:



Brenda Tregonning
Property Manager

M: 0275 835 105
Email: brenda@faceup.co.nz



THE NEW FACE OF REAL ESTATE
LICENSED REAA 2008

Website: www.faceup.co.nz
Business: 09 416 6987